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President: Mr. Deiss .... (Switzerland)

The meeting was called to order at 3 p.m.

Agenda item 10 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

High-level meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/65/797)

The President (*spoke in French*): I now give the floor to His Excellency Mr. Stephen O'Brien, Minister for International Development of the United Kingdom of Great Britain and Northern Ireland.

Mr. O'Brien (United Kingdom): It is an honour to address this Assembly, which, in 2001 and 2006, agreed that no one should go without HIV prevention, treatment, care and support, and set itself the ambitious goal of universal access. The United Kingdom was proud to be in the forefront of this agenda then, and we are proud to be there again today.

We have made great progress since those days. Who would have thought that over 5 million people would now be on treatment? That new infections, in many parts of the world, would be levelling off?

I would like to commend the Secretary-General for his excellent report (A/65/797) summarizing that progress, which forms the basis of this meeting. I thank the Ambassadors of Botswana and Australia for their hard work in facilitating the outcome document. I would also like to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors for their continued leadership of the global HIV response.

We see the UNAIDS strategy as our guiding document as we enter the next phase of the HIV epidemic, and we call on countries and on all parts of the United Nations system to deliver on their responsibilities under it.

But despite the progress made, it is clear that we have a long way to go against an evolving epidemic. In some parts of the world, particularly parts of sub-Saharan Africa, AIDS remains an overriding emergency, particularly for women and particularly when combined with the tuberculosis epidemic. In all parts of the world, it is the vulnerable and the marginalized who are most at risk. This may be an adolescent girl unable to secure her sexual and reproductive health and rights and protect herself from infection. Increasingly, as the epidemic develops, it is also men who have sex with men, people who inject drugs, sex workers, transgender people, prisoners and others on the margins of society who cannot access the services they need because of stigma, discrimination or violence.

When we deal with HIV, we deal with issues that are difficult for many people — intimate issues of sex and drugs, involving our own personal ethics, religion or morality. The United Kingdom respects the right of

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sovereign States to make their own laws and of people to live according to their own cultural standards. But to make progress against this epidemic, we must take a pragmatic, public-health-oriented approach that is based on what we know works in the world as it is — not as some think it ought to be or even would like it to be. And we know that what works is to respect human rights and the human rights of these groups and enable them to access services. That is why the United Kingdom has pressed for the needs of these groups to be recognized and will continue to do so. We have also put women and girls, who are particularly vulnerable in this epidemic, at the forefront of everything we do.

We also need to be innovative in our solutions as the epidemic changes. For many, HIV is now a chronic condition, which means that a long-term investment in care and support is what is needed, including for carers. The United Kingdom is exploring innovative methods to provide this support, such as cash transfers, and it has set out its continuing commitment to make progress against the challenges of HIV in a position paper published last week. This summarizes the HIV outcomes from a year of intensive review at the Department for International Development in the United Kingdom.

Even in tough economic times, in very tough economic conditions, the United Kingdom has stood by its commitment to spend 0.7 per cent of gross national income on international development by 2013. We are keen that our investments deliver not just for HIV, but for development in general. In the current climate, I — like any politician — have to justify every single penny of our spending to the public in terms of the impact it has. I can certainly assure everyone here that every Friday evening I am given the third degree by my constituents, who insist that I justify every single penny of that spend. That is why the United Kingdom coalition Government has conducted a root-and-branch review of all its aid programmes to ensure that what we spend makes a difference and that we can show it.

That is also why, in the discussions leading up to this event, we have argued for an approach that is rooted in the evidence base and the need to deliver value for money.

The price of treatment has come down by 99 per cent in 10 years. But it can, and it has to, come down further, especially second- and third-line treatment. I am delighted that the Clinton Health Access Initiative, with United Kingdom support, has managed to lower the cost of the drug Tenofovir. We calculate that the benefits from our support alone equate to half a million people on treatment. We also continue to support the Medicines Patent Pool and strongly urge pharmaceutical companies to join. Resources are key. The United Kingdom will do its bit, including through our 0.7 commitment and our increased support for the Global Fund to Fight AIDS, Tuberculosis and Malaria. Others must follow.

We are clear on the fact that prevention is the cornerstone of an effective and sustainable response, and we know a lot about what we need to do here. There is no reason for children to be born with HIV, as we know that treatment for the prevention of mother-to-child transmission works. There is equally no reason for injecting drug users to contract HIV, as we know that harm reduction works. There is no reason for young people — especially girls — to contract HIV when we know that comprehensive sexuality education works.

But we still need to work on the evidence base, particularly for prevention. Evidence-based prevention remains at the heart of our response to HIV within the United Kingdom. As a result of sustained prevention over the last 25 years, the United Kingdom remains a low-prevalence country as a result of the use of condoms. Treatment has transformed the outlook for people with HIV, and today many people are living near-normal lives. It is increasingly clear that treatment has prevention benefits as well.

But challenges remain, including the need to diagnose early, deal with the challenges of ageing with HIV, and reducing stigma. We need to guard against complacency.

We know that infection is influenced by a variety of social and behavioural factors and that a combination, multisectoral response is required, but we need to get better at identifying exactly which prevention interventions work in which contexts. We need to better understand how we fight stigma and discrimination and change behaviour, and we need to continue the investment in research and development, to develop new products, such as microbicides, and keep the hope of a breakthrough in vaccine research.

This High-level Meeting is poised to sign off on an ambitious political declaration which takes us through to 2015. Negotiations were hard, and we all had to compromise, but it has been worth it.

The United Kingdom is pleased in particular with the following critical areas of agreement. Commitment was renewed to universal access with agreement to a goal of 15 million people on treatment by 2015. It was recognized that prevention must be at the heart of the response. It was agreed that the key populations at high risk of infection must be targeted if we are going to defeat this epidemic. The need to use flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights for the benefit of public health was reasserted. Strong language was included on women and children, human rights, care and support, stigma and discrimination, and, of course, prevention as much as treatment.

We did not get there by 2010, but a world with zero new infections, zero AIDS-related deaths and zero stigma and discrimination is a world worth fighting for. Now more than ever, we must do all we can to make sure that the outcome document is a testament to the continuing high-level political commitment and support from the international community to finish the job we started a decade ago. The three zeroes are possible. We have the tools; we just need the leadership and the will to deliver. The United Kingdom is as committed as ever to promote and provide these, and we urge others to do so as well.

The President (*spoke in French*): Before hearing the next speaker, I would like to make the some remarks. We still have 95 speakers to hear during the High-level Meeting, and we only have tomorrow to do so. We must also adopt the political declaration and close the High-level Meeting. I therefore propose that the Assembly continue today's meeting beyond 6 p.m. I request once again that speakers respect the time limit set at five minutes per statement so that we may hear all the speakers on the list within a reasonable time. I hope I can count on your cooperation.

I also wish to inform the Assembly that the adoption of the political declaration will take place at the beginning of tomorrow afternoon's meet at 3 p.m. in the General Assembly Hall.

I now give the floor to His Excellency Mr. Agung Laksono, Coordinating Minister for People's Welfare of Indonesia.

Mr. Laksono (Indonesia): To this gathering of world leaders, policy makers, civil society organizations, health care providers and people living with HIV, I bring the greetings of the President of Indonesia and his congratulations on the progress achieved since the historic General Assembly special session on AIDS in 2001.

While already in 2001 there had been periodic breakthroughs, it was not yet at all clear if and when the rising tide of HIV infection could be slowed and eliminated. We can give thanks today that we can prevent infection, save lives and improve the quality of life of millions of people threatened, affected and infected by HIV.

Global experience and our own experience show us that we must do four things to keep up this momentum: first, learn from experience; secondly, focus our efforts and resources on strategically important interventions; thirdly, address the critical social and human rights issues that limit people's access to the information and services they need; and lastly, work in broad partnerships that bring together the knowledge, influence and expertise of the many players in this vast human drama.

We have knowledge and technologies that can empower us to accelerate action to reduce new infections, improve the quality of life of those already infected and mitigate the impact of the epidemic for families, friends and communities that are directly affected.

Indonesia has worked hard to achieve the goals agreed to and to move towards universal access. We are not there yet, but we have made much progress in the past 10 years. We have laid a solid foundation for important networks of collaboration and have developed partnerships that have helped increase coverage, improve effectiveness and move towards self-reliance and sustainability in our response.

We take pride in the birth and hard work of national networks of key affected populations in Indonesia, namely positive women, people living with HIV, injecting drug users, sex workers, the network of men who have sex with men, and transgendered persons. They are key partners with full agendas for their own activities, and they join in the planning, implementation, monitoring and evaluation of our shared national efforts.

We have made particularly good progress in improving the availability of comprehensive harm-reduction services through policy reform, appropriate staff training and diversification of delivery systems in a growing number of public health centres in locations across the country.

At the time of the General Assembly's special session in 2001, activities related to HIV and AIDS were limited in Indonesia and were almost completely funded by international development partners. By 2010, our national expenditure had already reached $90 million, with 49 per cent coming from domestic sources and 51 per cent from international sources, primarily the Global Fund.

Our work is far from over, and we are well aware of the challenges ahead. Too many people remain unreached and unserved. Too many people are still victims of ignorance and counterproductive stigma and discrimination.

We have identified three new categories of people to whom we will be directing additional attention, namely, girls and women, high risk men and young people 15 to 24 years of age. We believe that, without increasing prevention and services for them, we will not be able to bring the epidemic under control. Nonetheless, I am here today to emphasize the commitment of President Susilo Bambang Yudhoyono, our Government and our people to staying the course and learning from our own and the global experience with a view to accelerating progress in Indonesia's national response and intensifying our efforts to eliminate HIV and AIDS. In this context, Indonesia supports the draft political declaration to be adopted tomorrow by this High-level Meeting.

Let us move forward from today as one united family within the global community in order to improve the lives of friends and family who are already HIV positive and to protect our children from new infections.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Alexandre Padilha, Minister of Health of Brazil, who will speak also on behalf of the Global Health and Foreign Policy Initiative.

Mr. Padilha (Brazil): I have the honour to speak on behalf of the members of the Foreign Policy and Global Health Initiative: Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand. Our countries comprise many regional groups, diverse cultures and various levels of development. We agree that HIV's impact on health should be used as a point of departure and a defining lens in formulating our international policies and development strategies. In particular, we have committed to speeding up and strengthening implementation of the existing commitments on HIV/AIDS in all its dimensions, including those related to human rights and health.

Universal access to treatment, care and support is an essential but insufficient instrument for fighting HIV/AIDS. It should be systematically accompanied by prevention activities and policies to promote and protect human rights — an essential pillar of the HIV/AIDS response. To that end, increased global funding and better use of and sustained resources are critical. We believe that a public health environment free from discrimination is a fundamental tool in achieving universal access. The right to be free of discrimination constitutes not only a human right in itself, but in the HIV/AIDS context an effective tool in curbing the epidemic. Stigma and discrimination prevent people's access to diagnosis and treatment. Stigma contributes to spreading the disease. It is a matter of choosing between a virtuous or a vicious circle.

In this context, we welcome the adoption by the Human Rights Council of resolution 12/27 on the protection of human rights in the context of HIV/AIDS. We also reaffirm our support to the "zero vision" of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) Global Health Sector Strategy on HIV/AIDS and Sexually Transmitted Infections, recently adopted by the World Health Assembly.

Our group has been underscoring the need to consider a gender approach perspective in all policies and actions. Women and girls must be protected against HIV/AIDS throughout their life and involved in identifying and analyzing necessary measures to ensure this. The involvement and participation of those living with HIV and those most vulnerable, particularly women and young people, are essential. We welcome the call for action endorsed at the Bamako Youth Summit on HIV/AIDS, facilitated by UNAIDS. For our group, youth involvement is nowadays a key point in the fight against AIDS.

Our group recognizes the crucial link between AIDS and maternal and child health, and stresses the need to strengthen health systems in developing countries to eliminate mother-to-child transmission of HIV. Special attention must also be given to populations vulnerable to HIV infection in general. It is crucial that national plans address their specificities through targeted policies, particularly on prevention and treatment. This is particularly relevant in times of conflict or natural disasters.

Free access for prisoners to prevention services and medicines is also critical. Access to medicines is essential in realizing the right to attain the highest standard of physical and mental health, including for people living with HIV. Special international action — such as taking advantage of the flexibilities of the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) — must be taken to ensure access to affordable generic and new-generation antiretrovirals and other drugs.

We urge all Member States to remain engaged in the HIV/AIDS response. Brazil will be hosting the first WHO World Conference on Social Determinants of Health in October in Rio de Janeiro. Social determinants are critical to helping to establish an environment that guarantees respect for human rights and the fulfilment of basic needs for all to flourish equally.

I would like to take this opportunity to make some additional remarks in my national capacity.

In Brazil, we have registered considerable advances during the 30 years of the fight against AIDS thanks to our national public health system, known as SUS. SUS has allowed Brazil to develop universal access to diagnosis, treatment and care. SUS has allowed equitable prevention and treatment policies that are respectful of human rights. These policies reach out to all groups that live in vulnerable situations, such as men who have sex with men, sex workers and injectable drug users. We will fail to combat AIDS affecting those in vulnerable situations if we ignore them. The world will fail to combat AIDS if we try to hide these situations from sight. SUS has allowed people living with HIV, populations living in vulnerable situations and other areas of civil society to have a firm say in the fight against AIDS. SUS has built a permanent dialogue that contributes to affirming human rights and rights of citizens.

The struggle against AIDS is also the struggle to overcome the challenges to financial sustainability. More affordable drugs at fair prices, in accordance with the economic situation of the country, constitute one of the key pillars of this policy. The full implementation of both the TRIPS flexibilities agreed upon in the Doha Declaration and the WHO Global Strategy on Public Health, Innovation, And Intellectual Property will be a powerful and effective tool to accomplish universal access targets. Global political leadership established all of these mechanisms in the past. We must now have global political leadership to move them forward.

In Brazil, we have explored a number of options to reduce the cost of essential medicines to treat HIV/AIDS. All this is done transparently within the legal framework and through good-faith negotiations with pharmaceutical companies, but we do encourage incorporating local production and technology; otherwise universal access will not be sustainable.

Financing is another key element in the global fight against HIV/AIDS, particularly in developing countries. Increased global funding and innovative financing mechanisms have a crucial role to play.

With that in mind, Brazil co-founded UNITAID in 2006. It has succeeded in significantly reducing the prices of second- and third-line antiretrovirals and paediatric formulations. I am very pleased to announce that the Brazilian Congress has just approved a Government initiative that guarantees additional and permanent funding, based on a levy on air tickets, that will at least double our contribution to UNITAID.

Cooperation is also an innovative mechanism for our targets. My country has several HIV/AIDS cooperation initiatives with other developing country partners. Under the South-South Ties initiative, we provide support to a number of Latin American and African countries. Brazil has also partnered with Mozambique in the construction of a pioneer pharmaceutical plant for the production of generic antiretroviral drugs in Africa.

We are ready to improve our cooperation and support. But let me be clear: the cooperation of Brazil and other developing countries must add to existing flows, not substitute for them. We must not retreat from any front in the battle against HIV/AIDS.

From the Brazilian perspective, there is a broad consensus on the importance of integrating HIV into the wider public health and development agendas. There is a need to link the HIV response to the achievement of the Millennium Development Goals as the overall approach to strengthening health systems.

Universal access to early diagnosis, optimal treatment and prevention with a human rights perspective must be the effective goals to be achieved by 2015.

The President (*spoke in French*): I should like to recall that statements should be limited to five minutes for each delegation. Ninety delegations still have to speak, so if each one takes an additional three or four minutes, we will need to add an extra day.

I now give the floor to His Excellency Mr. Franklin Vergara, Minister of Health of Panama.

Mr. Vergara (Panama) (*spoke in Spanish*): The delegation of Panama wishes to express its sincere satisfaction at seeing you, Sir, presiding over the debate at this important meeting and to wish you and the other members of the Bureau every success in the performance of your duties.

In 2011, the Government of Panama, as did most Governments, entered into an explicit commitment to strengthen its response to HIV. In 2006, we committed ourselves to significantly broadening our response to HIV/AIDS by strengthening existing structures and building on other, innovative approaches. That commitment was enshrined in the 2006 Political Declaration on HIV/AIDS, which set us on the path of achieving universal access, understood as a progressive improvement in coverage for our peoples. The goal is to ensure that our country broadens the scope of its response to include information, promotion and social services as well as prevention, clinical care and psychosocial support related to HIV/AIDS.

The theme of "Uniting for universal access" is directly linked to the fulfilment of a broad array of global commitments, which include leadership and promotion; prevention of HIV/AIDS; care and treatment; respect for human rights; reducing vulnerability; care for orphans and children living in situations of vulnerability as a result of HIV/AiDS; the mitigation of social and economic impacts; research and development; resource mobilization; and the monitoring and evaluation of our national response.

One of the best indicators with respect to Panama's response and the manner in which it has evolved is expenditure on HIV/AIDS, which is determined through the Cost Measurement of AIDS. That expenditure has nearly doubled since 2002, increasing from slightly more than $14 million to over $21 million at the present time.

However, we can and must do more to increase expenditure and to ensure its cost-effectiveness so as to target the population groups most affected and strengthen efforts in the area of prevention. These figures reflect the strong resolve of the State of Panama to ensure that our response is backed by the necessary resources.

With regard to HIV diagnosis and prevention, Panama has focused on the promotion of HIV tests and on making them available to the entire population, while placing particular emphasis on priority groups such as pregnant women in order to reduce mother-to-child transmission. In 2003, coverage extended to only 8 per cent of pregnant women; today that number is 75 per cent.

Significant efforts have also been made to target young people, indigenous peoples, and those segments of the population that are most exposed to HIV/AIDS, which in Panama have been identified as male and female sex workers and men who have sex with men.

Data have indicated that there has been an increase in HIV testing of pregnant women. In the past five years, we have seen a significant increase in this area; 75 per cent of this population group is now tested, thereby improving their quality of life and preventing infections among newborns. This project is also one of the presidential goals that the Government of Panama has set itself.

According to a national survey, 12 per cent of men and women between the ages of 15 and 49 have had an HIV test over the past 12 months and are aware of the results. A great deal remains to be done in order to reach the entire population, but we have already achieved significant results.

Among the population segments most exposed to HIV, sex workers have a high level of access to diagnosis and prevention. We must ensure that the same is available to men who have sex with other men and to the transgender population.

In Panama, as is the case in many countries of our region, the epidemic is chiefly concentrated among men who have sex with men, sex workers and the transgender population. Significant efforts are being made to reach those groups in order to carry out inquiries aimed at ascertaining their exact situation and thus better direct our efforts.

We have therefore launched a broad-ranging national study in order to obtain that information. Moreover, our country has submitted a proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which was adopted during Round 10. That proposal is geared towards the most affected groups, and its implementation will radically change their level of access to prevention, treatment and care.

Panama has opened free clinics for persons at high risk of HIV infection, in particular sex workers, men who have sex with other men and transgendered individuals.

We are also promoting sex education in schools in order to ensure a comprehensive approach that brings on board parents and teachers. We are improving the system for the acquisition of antiretroviral medication, streamlining the purchase process and facilitating distribution. The national Government, international donors, United Nations agencies, civil society and all other protagonists will ensure mutual accountability at the national level through participatory reviews of our national responses to HIV/AIDS.

The President (*spoke in French*): I give the floor to Her Excellency Ms. Yasmina Baddou, Minister for Health of Morocco.

Ms. Baddou (Morocco) (*spoke in Arabic*): The report of the Secretary-General (A/65/797) represents a bold new vision of a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths. I would like to thank profusely Mr. Michel Sidibé, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for his activities in the fight against the epidemic.

The various reforms in Morocco, thanks to such initiatives of His Majesty King Mohammed VI as the Family Code, the establishment of the National Council for Economic and Social Development and the restructuring of the National Council for Human Rights, all aim at promoting a culture of human rights and respecting and ensuring gender equality in access to social services, including those related to quality health care. These initiatives have provided an environment that is conducive to strengthening prevention programmes, ensuring an effective fight against stigmatization and guaranteeing adequate support for HIV-infected persons, in keeping with the international vision to fight this epidemic.

For more than two decades now, the Kingdom of Morocco has mobilized and taken decisive steps to fight AIDS. The personal commitment of His Majesty has given a decisive impetus to a new national strategic plan to support AIDS patient care, without any discrimination or exclusions, and implement the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262).

The participation of Her Royal Highness Lalla Salma in this High-level Meeting on the follow-up of the Declaration of Commitment on HIV/AIDS reflects the Kingdom of Morocco's high level of interest in fighting the epidemic. Indeed, despite the low HIV incidence — less than 0.1 per cent of the population — in Morocco, we have noted that most infections arise among the most marginalized and vulnerable populations. Thanks to our efforts and thanks to the solidarity among civil society, the Government and international organizations, we have implemented a strategy for fighting HIV and AIDS. This new national strategic plan, which is based directly on reliable data on the epidemic, has enabled prevention, treatment and care for women, young people and children and, in particular, the most vulnerable segments of the population, by providing free tritherapies and care.

We have also undertaken awareness-raising measures to combat stigmatization and discrimination, and we have also focused on providing treatment to intravenous drug users. Under the auspices of religious leaders, social measures have been undertaken to assist in broadening the scope of the campaign. We have also launched a campaign to prevent mother-to-child transmission and to ensure that pregnant women can be tested for HIV.

The Kingdom of Morocco, thanks to its new national strategic plan for 2012-2016, is committed to achieving those desired goals.

In addition, we cannot fail to thank UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In conclusion, I would like to underscore once again Morocco's commitment to strengthening all of its efforts to combat HIV/AIDS.

The President (*spoke in French*): I give the floor to His Excellency Mr. Sanda Soumana, Minister for Health of the Niger.

Mr. Soumana (Niger) (*spoke in French*): The numerous challenges facing my country and the scarcity of its resources, exacerbated by the political crisis that we have experienced, have made it difficult to undertake actions in the area of development. In addition, we are dealing with the threat that HIV/AIDS poses to our communities, which have already been sorely tested by climate change and the ongoing degradation of our ecosystem.

Regarding HIV/AIDS, our sociocultural context is characterized by a large number of sexually active young people. Their travels within and outside the country; the low level of school enrolment, in particular of young girls; and gender-related inequities are indubitably factors that are conducive to the spread of HIV.

Following the adoption by the African Heads of State of the Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and Other Diseases, and in keeping with the commitments contained therein, we introduced a new dynamic into our national policy on combating HIV/AIDS. Since then, significant progress has been made by the political leadership, which brought the national programme for combating AIDS under the auspices of the Office of the President of the Republic and created a national council to combat AIDS, also under the control of the Head of State, in 2002. That year witnessed an important turning point in that context: the drafting of an initial strategic national framework to fight sexually transmitted infections and HIV/AIDS, giving the combat against the epidemic in our country a multisectoral, decentralized character.

On the epidemiological level, our country is facing a concentrated phase of the epidemic, with a relatively low national HIV-positive rate. However, in some groups, such as sex workers and members of the military, the situation remains of concern, with respective rates of more than 60 per cent in some regions and 7 per cent in others.

We have also made very significant progress in treating HIV/AIDS patients. Antiretroviral treatment, which began in 2004, was extended very rapidly to a growing number of patients. There have also been encouraging results in preventing mother-to-child transmission, thanks to the establishment of a national programme in 2003. That programme is currently operational in 483 centres throughout the country.

At the social level, in implementing our programme we have focused particularly on combating the stigmatization and discrimination of people living with HIV, with valuable support from Muslim and Christian religious associations and traditional chiefs. That has raised the profile of the disease and facilitated the emergence of associations and networks of people living with HIV/AIDS. Furthermore, on 30 April 2007, our National Assembly, through its parliamentary network to combat HIV/AIDS, initiated and launched a law on the prevention, treatment and monitoring of the virus, thus strengthening the protection of the human rights of infected and affected people. Assistance is also provided to that highly vulnerable group through socio-economic support, in particular for widows and orphans, thanks to funding from the Global Fund and the World Bank.

Our achievements in recent years have not been without difficulties. In terms of organization, the capacity of civil society to actively intervene was slow to reach cruising speed, leaving only the public sector to act at the beginning. We have also encountered many difficulties in controlling the chain of supply for reagents, medicines and foodstuffs, giving rise to frequent ruptures that have significantly hindered the effectiveness of the care components of our programme. We should also underscore the shortcomings in the follow-up assessment of interventions, leading to certain social and health-care data not being available and to a poor evaluation of the real needs of our health care-related training.

Despite all those difficulties, the strong political commitment of His Excellency the President of the Republic, Mr. Mahamadou Issoufou, has given rise to new grounds for hope. To ensure continuing free antiretroviral treatment, we plan to implement a system to support financing for the purchase of medicines by levying some taxes on luxury consumer goods.

Concerning the system for a follow-up assessment, all necessary tools have been put in place and the skills of the officials entrusted with carrying out the activities have been strengthened. Here, I can affirm that all arrangements for ongoing and consistent data collection have been made. Moreover, that has enabled us for the first time to look into the indicators set out at the Assembly's special session. We will also strive to prevent mother-to-child transmission for all pregnant women in the country wherever they live.

As I speak here, we are in engaged in a planning process that should lead to a multisectoral national plan to combat HIV/AIDS and sexually transmitted infections for the period of 2011 to 2015. Later there will be a round table to mobilize resources for the implementation of all such planned activities.

In the meantime, here, on behalf of the people of Niger, we would like to thank all technical and financial partners who have enabled us to respond effectively to the threat of HIV/AIDS. We take this opportunity to ask them to redouble efforts to assist us, since much remains to be done to preserve the gains and to continue to make progress without going backwards.

The President (*spoke in French*): I now give the floor to Her Excellency Mrs. Zainab Hawa Bangura, Minister of Health and Sanitation of Sierra Leone.

Mrs. Bangura (Sierra Leone): On behalf of His Excellency Mr. Ernest Bai Koroma and the Government and people of Sierra Leone, we are delighted to be part of this historic gathering, particularly as it has been specifically designed for us to report progress in our commitment towards the implementation of the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262, annex) by our respective heads of State and Government.

Sierra Leone's commitment to implementing the two declarations of commitment on HIV/AIDS has been unwavering ever since their adoption in 2001 and 2006. That is evident in the different approaches and measures we have adopted over the years as our national HIV/AIDS response strategy.

Let me use this opportunity to inform the Assembly that, in recognition of our progress in implementing Millennium Development Goal 6, on combating HIV/AIDS, malaria and other diseases, we received a distinct honour from the United Nations Millennium Development Goals (MDG) Awards Committee in September last year as a winner of the 2010 MDG Award for Goal 6. That was clear testament to our commitment to halting and reversing the spread of HIV/AIDS by 2015.

As a follow-up to that recognition, with the support of our development partners and in partnership with civil society, including people living with HIV, we agreed on a five-pillar activity. The activities were guided by and aligned with President Koroma's Agenda for Change and the United Nations Joint Vision for Sierra Leone. They are strategically designed to complement and to feed into one another to deliver one robust and comprehensive road map for our multisectoral response to HIV and AIDS in Sierra Leone, with the ultimate aim of achieving the targets under MDG 6 by 2015.

We were also quick to come to the realization that the pandemic was without doubt a major obstacle to the development of a nation, and that to effectively combat the scourge requires political involvement at the highest level. President Koroma's taking on the role of Chairman of the National AIDS Council was therefore a move in the right direction.

Cognizant of the fact that the disease is a multisectoral development challenge and that to address it effectively requires the comprehensive, coordinated and sustained action of all stakeholders, including people living with HIV and civil society, we ensured that all sectors are given the opportunity to engage constructively. By so doing, we have managed to stabilize our adult HIV prevalence at 1.5 per cent, while prevalence among pregnant women has taken a downward trend to an estimated 3.2 per cent.

Quite recently, His Excellency Mr. Ernest Bai Koroma declared 2011 the Year of Implementation. In response to that declaration, we conducted a comprehensive assessment of our programmes for paediatric care and prevention of mother-to-child transmission and developed a scaled-up plan. Additionally, we revised our 2007 HIV and AIDS Prevention and Control Act to address emerging issues relating to stigma and discrimination. As recently as 10 May 2011, we engaged all stakeholders in a one-day consultation on country ownership and a sustainable AIDS response. Our vision is to promote our ongoing dialogue on participation, the involvement of stakeholders, ownership and buy-in for effective participation and collaboration in our response to HIV/AIDS.

Amid the building blocks that we have put in place, we are faced with an unprecedented challenge that threatens to reverse the gains that we have already made. We need support to balance scaling-up programmes with institutional capacity. Our health-care infrastructure is overstretched and is short of skilled personnel. We are also challenged in reaching the segments of our population that are most at risk to HIV infection.

Thus, to sustain the gains achieved so far requires resources well beyond the capability of a small and struggling economy such as ours. There is therefore a need for support from global development partners. The foundation of a sustainable AIDS response in our country has already been laid. What we need is the sustained support of all our partners if we are to attain MDG 6 by 2015. We do not want the global development community to assess our needs based on our HIV prevalence. Rather, they should be assessed on the basis of the initiatives that we have put in place.

We in Sierra Leone have a unique opportunity to show to the world what can be achieved in halting and reversing the trend of HIV when we work as one. We in Sierra Leone are particularly indebted to our development partners, including the United Nations family and the Global Fund to Fight AIDS, Tuberculosis and Malaria, for supporting our Government to deliver as one in our efforts to halt and start reversing the spread of the epidemic.

As we meet under the roof and auspices of the United Nations, a decade after the special session on HIV/AIDS, let me paraphrase Winston Churchill's famous Second World War quotation in stating that this is perhaps the "end of the beginning" of the renewed and proactive commitment of our country to achieving zero new HIV infections, zero HIV-related stigma and discrimination and zero AIDS-related deaths by 2015.

The President (*spoke in French*): I now give the floor to Her Excellency Ms. Maria Adiatu Djaló Nandigna, Minister of the Presidency, Parliamentary Affairs and Social Communication of Guinea-Bissau.

Ms. Djaló Nandigna (Guinea-Bissau) (*spoke in Portuguese; English text provided by delegation*): I am honoured to take the floor before the General Assembly on behalf of His Excellency Mr. Carlos Gomes Júnior, President and head of Government of the Republic of Guinea-Bissau, on the occasion of this important meeting on the global agenda in response to the AIDS pandemic.

After three decades of the HIV/AIDS pandemic, the statistics associated with it continue to be of great concern, and would be even more frightening were it not for the commitment made in 2001 at the special session of the General Assembly on HIV/AIDS to ensure universal access to prevention and treatment. There is no doubt that substantial progress has been made since 2001 in reducing the number of new infections, improving access to treatment, decreasing the number of HIV/AIDS-related deaths and addressing stigma and discrimination. However, if efforts are not made to accelerate and sustain the response to the pandemic, the progress achieved — above all towards achieving the Millennium Development Goals — will be undermined.

Mr. Ndong Mba (Equatorial Guinea), Vice-President, took the Chair.

We are very pleased to note that 22 sub-Saharan countries were able to reduce new infections by 25 per cent between 2001 and 2009. We are particularly pleased that, in spite of the obstacles we face, Guinea-Bissau is part of that group.

In the wake of the first HIV diagnosis in Guinea-Bissau, in 1985, our national response was led by the National Commission on Epidemiological Surveillance; and subsequently by the National Programme to Fight AIDS. Medium-term plans were formulated to serve as the framework for the launching of a social marketing campaign in 1996 aimed at promoting the use of contraceptives and voluntary screening and raising awareness of the importance of behaviour change.

Our first national strategic plan to fight AIDS was developed in 2002. The implementation of the activities set out in it received support from the World Bank's Multi-Country HIV/AIDS Programme. A new cycle began in 2007 with the second national strategic plan, which will conclude this year.

The major challenges for Guinea-Bissau's new planning approach include strengthening leadership, coordinating interventions, stepping up prevention activities and consolidating and enhancing antiretroviral treatment, which was introduced in 2005. Our new strategy is part of larger international efforts, in particular as regards the Three Ones principles.

Under our second strategic plan for a national response, activities have been focused on four main areas, namely, ensuring universal access, reducing the impact of HIV/AIDS, improving epidemiological surveillance and reforming coordination.

To date, the plan's implementation has produced positive results in the area of prevention. Our country succeeded in reducing the number of new infections by 25 per cent between 2001 and 2009. More than 100,000 people have been tested for HIV. We have raised contraceptive prevalence by 59 per cent. We have stepped up our efforts among groups at higher risk of HIV exposure, such as sex workers, young people, long-distance drivers, sailors and uniformed personnel. We have trained more than 800 community workers. And we have improved mother-to-child transmission prevention programmes, with 693 pregnant women having received antiretroviral prophylaxis to date in order to reduce the transmission of the virus. Intensive efforts are also being made to increase women's participation in prevention programmes, as well as to ensure safe blood transfusions.

In the second area of intervention, the survival rate of HIV-positive people increased from 63 per cent to 80 per cent. Antiretroviral treatment was provided to 3,955 people. Clinical follow-up and treatment was made available free of charge in 10,197 cases of opportunistic infections. In addition, improved support was provided to 11,749 orphans and other children made vulnerable by AIDS.

The coordination of our national response, described in the fourth area of intervention, also showed positive results. However, the restructuring of our national secretariat to combat AIDS requires a more coordinated approach to intervention.

In spite of the encouraging results achieved to date, much remains to be done. In that regard, I would like to highlight the main programming and financial challenges that must be addressed in order to improve our national response to HIV/AIDS.

First, we need to strengthen the mother-to-child transmission prevention programme to ensure that no child becomes infected. Here, I would like to emphasize the positive results achieved by two of our treatment centres, in which only two of 200 babies born to seropositive mothers were infected by the virus.

Secondly, we must ensure safe blood transfusions by implementing standard operating procedures and external quality controls.

Thirdly, we must reduce HIV/AIDS prevalence in the general population and in groups at higher risk of HIV exposure, namely, sex workers, young people, long-distance drivers and uniformed personnel.

Fourthly, we must continue advocacy activities with our bilateral and multilateral partners in order to ensure funding for our national response.

Finally, we need to increase the country's financial participation in the national response to the epidemic.

The Government of Guinea-Bissau is aware that the enormous structural and financial constraints it faces, in addition to the difficult global circumstances, will have an impact on the results it achieves in terms of its commitments, such as those made in the Abuja Declaration in connection with public funding to the health sector and in the Declaration of Commitment on HIV/AIDS (resolution S-26/2), as well as in terms of universal access. Those commitments must still be fulfilled in order to achieve the Millennium Development Goals.

Nevertheless, we wish to reiterate that we will pursue our efforts to substantially improve the situation we have described here today. Proof of that commitment is the inclusion of AIDS-related issues in the goals set out in our second poverty-reduction strategy paper, as well as my country's support for the African common position expressed in the meetings held in Windhoek and Abuja.

In conclusion, we cannot overemphasize the fact that, although the successes achieved to date are indeed the result of national efforts and coordination between the Government, the private sector and civil society, the invaluable contributions made through international cooperation, and in particular by the Global Fund and the United Nations system, have been equally crucial.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. André Mama Fouda, Minister of Public Health of Cameroon.

Mr. Mama Fouda (Cameroon) (*spoke in French*): On behalf of His Excellency President Paul Biya and the Government and people of Cameroon, as well as in my own capacity, I wish to convey our gratitude for the opportunity afforded to us to address the General Assembly.

Cameroon welcomes the convening of this High-level Meeting devoted to reviewing the progress made in achieving the goals set out in the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262). This Meeting therefore provides us an opportunity to take stock of the efforts made since the pandemic emerged, 30 years ago. We hope that it will achieve results that strengthen the commitment of Member States and the mobilization of the international community in the fight against HIV/AIDS.

With an estimated HIV prevalence rate of 5.1 per cent among the population aged 15 to 49 in 2010, Cameroon still has a generalized level of the epidemic. Our country has almost 560,000 people living with the virus — 249,000 of whom currently need treatment. In 2010, AIDS caused 33,000 deaths in our country, and, despite efforts to raise awareness, Cameroon recorded about 50,000 new HIV infections. Today there are 305,000 children in Cameroon who have been orphaned by HIV and AIDS.

Given the development of the pandemic, the Government of Cameroon has made the fight against AIDS both a national priority and a priority area for development support under its framework document for growth and employment. Our national AIDS strategic plan for the period 2006 to 2010 has made it possible to achieve positive results. In that regard, I would like to underscore the following.

National resources allocated to the fight against AIDS rose from €1.525 million in 2002 to €11.433 million in 2010. Thanks to our policy on free antiretroviral treatment and medicines for opportunistic infections, the number of patients under antiretroviral treatment increased from 17,156 in 2005 to 90,000 in December 2010, covering almost 37 per cent of eligible patients. There are 145 medical centres providing health care to the sick countrywide.

The prevention of mother-to-child transmission is a basic service in nearly all medical centres. The number of those centres providing such prevention programmes rose from 463 in 2005 to 2,067 in 2010, thereby covering nearly all health districts. Today, the coverage of prophylactic antiretroviral treatment for pregnant women is 22.2 per cent.

Thanks to the support of UNESCO, 760 schools included HIV-related education in their curriculums during the 2009-2010 school year.

There have also been significant efforts to make condoms available. Between 2006 and 2010, 145 million condoms were distributed, an average of 29 million condoms annually. The number of female condoms distributed increased six-fold between 2006 and 2010.

While such progress and results are encouraging, we must recognize that many challenges remain to be overcome. Taking into account the strengths and weaknesses highlighted by the review of our national AIDS strategic plan for the period 2006 to 2010, along with the national and international guidelines on combating AIDS, our Government, with the support of its partners, has drawn up a new framework for the next five years. Under the slogan "Mobilizing for an AIDS-free generation", that new national strategic plan seeks to strengthen gains and to work towards achieving universal access and the Millennium Development Goals on HIV/AIDS and maternal and child health.

The prevention of HIV/AIDS is the cornerstone of that mobilization. The Government's aim in that regard is to ensure innovative approaches to improve our prevention policy by involving multisectoral partners, including civil society and local communities. The Government is also of the view that reliable data gathering and analysis are also necessary for an effective response to the disease.

With regard to access to treatment, Cameroon believes that lowering the price of anti-HIV medicines remains a priority. In an environment of financial and economic crises, today's major challenge is the mobilization of the necessary funds to finance HIV prevention, treatment, care and support in a spirit of shared responsibility.

I should like here to launch an appeal to the international community to show more solidarity and to continue to support international financing mechanisms, such as the Global Fund, the United States President's Emergency Plan for AIDS Relief, the International Drug Purchase Facility and the ESTHER initiative.

For its part, Africa is determined to strengthen the mobilization of domestic resources to address the pandemic. It is up to African Governments to work towards that end in synergy with their partners, namely, the private sector, civil society and unions.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Wilmoth Daniel, Minister of Health of Antigua and Barbuda.

Mr. Daniel (Antigua and Barbuda): I bring warm greetings from my twin-island nation of Antigua and Barbuda to the more than 3,000 people who have come together here at the United Nations in New York for this High-level Meeting on AIDS, which is intended to provide the international community with an opportunity to take stock of the progress and the challenges of the past 30 years and to shape the future AIDS response.

This High-level Meeting on AIDS is taking place some 10 years after the historic 2001 special session on HIV/AIDS, and the 2006 signing of the Political Declaration on HIV/AIDS (resolution 60/262), when we, as United Nations Member States, committed ourselves to moving towards universal access to HIV prevention, treatment, care and support Ten years later, at the international level, we have in place the Global Fund to Fight AIDS, Tuberculosis and Malaria to assist countries in their fights against the scourge of HIV/AIDS, a disease that once seemed to strike a death knell for those infected. Moreover, we have a group of natural and behavioural scientists, philanthropists and non-governmental organizations — including leadership at the national and global levels — who are all working together on the common threat to humanity. It is therefore safe to say that this unprecedented broad-based approach has contributed in no small measure to arresting the spread of HIV.

We are doing our part in the Caribbean region. As Prime Minister Denzil Douglas of Saint Kitts and Nevis, speaking on behalf of the States members of the Caribbean Community (CARICOM), said yesterday, CARICOM and the Pan-Caribbean Partnership against HIV and AIDS have always played a very active role in the global process to combat HIV, as the region has the highest prevalence of infections after sub-Saharan Africa. He made it clear, citing the Nassau Declaration, that "the health of the region was the wealth of the region" (*A/65/PV.91*), and that our region held out the hope of being among the first groups of countries to achieve universal access to treatment. The Joint United Nations Programme on HIV/AIDS scorecard on universal access in 2010 demonstrated that much progress had been made in the region, with a stabilization of the prevalence rate and a decline in new infections. Still, an estimated 17,000 persons in the Caribbean region became infected with HIV in 2009. Clearly, then, the battle is far from over.

For many countries of the region, there is an emphasis on securing long-term and sustainable financing so as to avoid a reversal of the marginal gains made over the past decade. I therefore call on the international community to work with the countries of the region to scale up universal access to treatment, to halt the tragedy of high-cost treatments and to promote innovation and technology transfer and country ownership through new values and shared responsibility.

In my own country, Antigua and Barbuda, a great deal has been achieved, but much more needs to be done. We have made the necessary investments to strengthen our health-care systems, but need to make available simple and inexpensive diagnostics and medication to those most affected. Currently, we have achieved zero mother-to-child transmissions, increased our education in schools on condom use, and provided employment opportunities for persons living with HIV/AIDS.

Let me conclude by joining others in commending the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive of the Joint United Nations Programme on HIV/AIDS Global Task Team. Let me also reiterate that Antigua and Barbuda and the rest of the Caribbean have also identified a set of specific deliverables for our region by 2015, including the elimination of mother-to-child transmission; the elimination of travel restrictions for people living with HIV; an 80 per cent increase in access to treatment; a 50 per cent reduction in infections; and the acceleration of the agenda to address prevention, care and treatment.

Those are all in keeping with the vaunted Millennium Development Goals, for which the 2015 deadline should serve to prod us into immediate and far-reaching actions. I therefore endorse the call made to actors in the global partnership to work collectively to achieve the targets that we have all pledged to support in the interest of humanity, those living with the disease and those yet to be born.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Yutaka Banno, State Secretary for Foreign Affairs of Japan.

Mr. Banno (Japan): (*spoke in Japanese; English text provided by the delegation*): On behalf of the Japanese delegation, I would like to inform the General Assembly about the measures we have taken against HIV/AIDS and about our experiences in that regard, as well as to refer to Japan's commitment to addressing it in the future.

When AIDS was first reported in 1981, people came to fear this new infectious disease as unknown and incurable. At that time, people's knowledge and understanding of HIV/AIDS was so lacking that we could not fully prevent new infections, while patients with HIV/AIDS and their families suffered prejudice and discrimination.

I would like to reiterate the importance of universal access in addressing HIV/AIDS on the basis of "know your epidemic, know your response" methods, as described in the Secretary-General's report (A/65/797). As a result of unremitting efforts by scientists following the first reported case of AIDS, it became possible to identify the virus responsible for the disease. Progress in the research and development of HIV/AIDS medicines today is remarkable. In medical terms, AIDS has now become a treatable condition.

We now face the challenges of preventing mother-to-child transmission, managing HIV/tuberculosis co-infection and eliminating prejudice and discrimination. To confront them, it is important to promote public understanding of HIV/AIDS, literally making it into a disease known to everyone.

In order to promote efforts against HIV/AIDS, it is necessary to implement comprehensive measures to strengthen health systems, and not only specialized programmes for HIV/AIDS, as the foundation of health management. For example, it has been proven effective to introduce HIV/AIDS prevention programmes into general health services, including counselling and voluntary HIV testing during ordinary prenatal check-ups. It is also necessary to develop testing and counselling systems for other diseases, as HIV-infected patients often suffer complications as a result of co-infection with other non-communicable diseases.

Under Japan's national health programme, we have established effective health and medical systems by putting in place health facilities nationwide and by developing human resources in the health sector, including doctors, nurses and pharmacists. Moreover, Japan has put in place universal medical insurance to enable everyone to have access to adequate services. Such efforts have helped achieve a less than 1 per cent incidence of mother-to-child transmission of HIV/AIDS.

Japan will share its experiences with the international community. We will also continue to support other Member States as they address HIV/AIDS. At last September's High-level Plenary Meeting of the General Assembly on the Millennium Development Goals, Prime Minister Kan announced, as a promise to the next generation, that Japan would provide assistance in the amount of $5 billion over five years beginning in 2011 as a contribution to the achievement of health-related Goals, particularly in areas where progress had been slow (A/65/PV.9). In addition, at the third voluntary replenishment conference of the Global Fund, which was held two weeks after the High-level Plenary Meeting, I announced that, from 2011, the Government of Japan would make contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria in the amount of $800 million in the coming years.

Japan has actively supported the efforts of developing countries bilaterally and multilaterally. On the other hand, we have also received a great deal of support and very heartfelt messages from all over the world with regard to people in areas affected by last March's unprecedented disaster, namely, the great East Japan earthquake. Having experienced that disaster, we continue to believe that support is never a one-way flow from developed countries to developing countries. Instead, support entails interactive actions among the members of the international community aimed at helping those experiencing hardship in the modern world by sharing knowledge and resources. Such a desire gives rise to our hope that everyone will be provided support.

On behalf of the people of Japan, I would like to express our deepest gratitude for the support of Member States and international organizations. I must say that, with that kind support, the people of Japan are resolutely moving forward in rehabilitating disaster-affected regions. We are transparently pursuing reconstruction in various areas, in collaboration with the international community and on a symbiotic basis. I hereby reaffirm that Japan will fulfil its commitments to the international community.

We know that the international community shares our desire for a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths. Deepening our understanding of HIV/AIDS must be the first step in achieving such a world for everyone — irrespective of whether or not one is a professional person, as well as for pregnant women and their partners alike and regardless of one's HIV status. I hope that this United Nations High-level Meeting on HIV/AIDS provides everyone in the world with a good opportunity to do so.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Adam Fronczak, Under-Secretary of State in the Ministry of Health of Poland.

Mr. Fronczak (Poland): On behalf of the Government of the Republic of Poland, I would like to thank the President for organizing this unique global Meeting at United Nations Headquarters. It is an honour for me to share the Polish experience with everyone here, where the world has come together to review progress and plan the future course of the global AIDS response. I am proud that Poland has been given this great opportunity to provide its input to a new draft declaration that I am certain will help the world fulfil the ambitious commitment of zero new HIV infections, zero discrimination and zero AIDS-related deaths in the coming years.

Allow me to present the HIV and AIDS situation in Poland as it is today, three decades into the AIDS pandemic, 10 years after the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and five years after the adoption of the Political Declaration on HIV/AIDS (resolution 60/262). It must be emphasized that, thanks to international collaboration, enhanced coordination and the intensification of efforts at the national level, despite financial restrictions, Poland has continued to move forward in coping with HIV-related issues.

I would like to recall that my country has always been very active in international forums, and that it was one of the founders of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board, its governing body. I am extremely proud to say that Poland was elected Vice-Chair for 2011. One of our goals is to draw the attention of UNAIDS and Member States to the need to strengthen activities in Eastern Europe and Central Asia. Any project to reduce the rapid spread of HIV in those regions will have a positive impact on the HIV/AIDS situation in the entire world.

Due to the fact that we face constantly changing epidemiological trends, our efforts to maintain effective, equitable and sustainable HIV responses must be based on a stable and coherent country strategy that is free of political influences. The Polish policy has been developed according to the Three Ones principles. That is why we have in place a single document — our National Programme for Combating AIDS and Preventing HIV Infections — to serve as the most important instrument in combating and preventing HIV/AIDS. In addition, our national AIDS centre, which is under the Ministry of Health, is responsible for coordinating the activities set out in the National Programme.

To be more effective and to meet international standards in responding to the complex social, health and development challenges inherent in HIV, the Polish multisectoral response includes Government ministries, civil society, people living with and affected by HIV, international partners and the private sector. International standards for universal access to HIV prevention, treatment, care and support significantly contributed to the Polish success in reaching and maintaining a stable epidemiological situation.

Thanks to the implementation of regulations recommending voluntary and free HIV testing for every pregnant woman and guaranteeing ongoing implementation of antiretroviral prevention efforts in eligible cases, vertical infection in Poland decreased from 23 per cent prior to 1989 to less than 1 per cent today. By almost eliminating the vertical transmission of HIV, we are close to achieving one of the goals set out in the Declaration of Commitment. As a result of providing full access to antiretroviral drugs following exposure to HIV, no case of such an infection has ever been registered in Poland.

Our network of voluntary counselling and testing centres, which operate according to international standards, guarantees that Poles may take an HIV test anonymously and free of charge and, at the same time, may receive professional client-oriented counselling. Thanks to the sustained development of voluntary counselling and testing centres, I am sure that Poland will achieve the goal of reducing the rate of undiagnosed HIV infections.

It must be underscored that the successful implementation of many prevention programmes would not have been possible without close and fruitful cooperation between the Government, non-governmental organizations and people living with HIV and AIDS.

We are most proud of our success in meeting the global commitment of providing universal access to antiretroviral drugs for people living with HIV/AIDS. Within the framework of the health priority programme of the Ministry of Health, antiretroviral therapy has been provided since 2001 to every patient who meets the medical criteria. Thanks to that strategy, Poland has achieved a significant decrease in the number of AIDS cases. Patients with HIV live longer and enjoy higher quality of life, which enables them to re-establish their social and family roles.

Nevertheless, my country, like any other, has to face challenges. One of those entails the struggle to ensure continuity in universal access to HIV prevention, treatment, care and support at a time of global crisis; while another involves adopting appropriate prevention measures to respond effectively to rapidly changing epidemiological trends.

Our efforts are always focused on protecting human rights and combating stigma and discrimination. To that end, we endeavour to ensure the participation of civil society, including people living with HIV/AIDS, non-governmental organizations and representatives of key populations — such as men who have sex with men, injecting drug users and young people — as well as human and patient rights organizations.

I am convinced that all of us gathered at the High-level Meeting on AIDS will continue to put all our efforts into achieving the goals set out in the new draft political declaration (A/65/L.77) to be adopted by the Assembly. Through global solidarity and partnership, we will succeed in achieving universal access to HIV prevention, treatment, care and support. Poland stands ready to cooperate in meeting this global challenge.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Ms. Karin Johansson, State Secretary to the Minister for Health and Social Affairs of Sweden.

Ms. Johansson (Sweden): The excellent report of the Secretary-General (A/65/797) clearly shows that we have the knowledge and the tools to halt and reverse the HIV epidemic. It is important that we make use of the recommendations it contains, in order to reach zero new HIV infections, zero discrimination and zero AIDS-related deaths.

I believe that for the decade ahead of us, focusing on young people is the most strategic choice that we can make. Young people make up half of the world's population, yet their needs are neglected in reality. Investing in the future generation is not only close to my heart — being a mother of two — but a top priority for the Swedish Government.

I should like to use the time allotted to me to focus on three areas of importance: first, the need for evidence-based prevention; secondly, the involvement of young people; and thirdly, human rights and gender equality. Let me start with prevention.

Evidence-based prevention is the only way to reach the goal of zero new infections. Young people should have access to comprehensive sexuality education in order to make informed choices. Education should target people from an early age and be inclusive of all youth, regardless of sexuality. For the youngest, it is about getting to know how the body works and understanding the concept of physical integrity. For older youth, empowerment is key, as well as making them comfortable with raising the issue of using a condom in an intimate situation with a partner. Equally important is access to sexual and reproductive health services. These must be non-discriminatory and take the needs of all youth into account, regardless of gender identity or sexual orientation. They should also incorporate the link between alcohol consumption and high-risk sex. In addition, female and male condoms must be accessible and continuously promoted, as consistent condom use is the most effective prevention method.

Secondly, I believe that we must involve young people in the development of sexual and reproductive health services and information. There is no better way to empower and enable them to protect themselves and others. Young people, including those living with HIV, are already actors for change in their local communities, nationally and in the global arena. New ways to involve young people should be explored, such as better use of social media.

Thirdly, human rights, of which sexual and reproductive rights are an integral part, are a prerequisite for HIV prevention and treatment. Everyone shares the same human rights, regardless of age, sex, HIV status, sexual orientation, gender identity, ethnicity or disability. Criminalizing homosexuality is a violation of human rights, as are laws that discriminate against people living with HIV. Whenever human rights are not respected and protected or are violated, for instance through discriminatory laws and practices, stigma increases, thus undermining prevention and care efforts.

We need to end the discrimination and stigmatization of people living with HIV, men who have sex with men, injecting drug users and sex workers, as well as lesbians, gays, bisexuals and transgender people. Gender inequality is a key driver in the spread of the epidemic. This is unfortunately still not recognized by everyone. It is crucial to address gender inequalities in national HIV and AIDS policies and programmes, as well as in monitoring and evaluation systems. But gender inequalities also need to be addressed in society at large — in the legal system, schools and at the workplace. This means not only focusing on women and girls but also involving men, especially young men, to challenge and change gender norms and behaviours that put both themselves and women at risk.

Governments have a responsibility to take the leadership role in fulfilling the commitments to reach the goals. I want to emphasize this, as Governments will be held accountable. But schools, local communities, civil society, research institutions and the private sector are fundamental to progress and success. In all countries, civil society organizations are indispensable in responding to the HIV epidemic, as service providers, watchdogs and advocates. The role of school and the workplace in shaping attitudes, norms and cultures, of course cannot be underestimated.

Let me conclude by assuring the Assembly of Sweden's strong support to the global response to HIV and AIDS. Sweden is, and will remain, a strong partner. I should also like to say that Sweden associates itself with the statement to be delivered on behalf of the European Union.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Mohsen Ali Faris El-Hazmi, member of the Consultative Council of Saudi Arabia.

Mr. El-Hazmi (Saudi Arabia) (*spoke in Arabic*): At the outset, I would like to thank the Secretary-General for extending an invitation to the Government of the Custodian of the Two Holy Mosques to participate in this High-level Meeting aimed at taking stock of the progress made in combating HIV/AIDS. Responding to the epidemic has become all the more urgent in order to eliminate the harmful effects of HIV/AIDS on health, development and economic growth, in addition to its social repercussions on individuals, families and society in general. In that regard, the 2011-2015 strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS) aimed at preventing zero new infections and the 2012-2017 strategy of the Inter-Parliamentary Union to strengthen parliaments and democracy constitute a road map that we all hope to see implemented in order to meet the expected goals.

We believe that prevention is the cornerstone of our response to the HIV/AIDS epidemic. HIV-infected individuals must be provided with protection, care, support and rehabilitation services. In addition, their social reintegration pursuant, to our moral and ethical traditions and customs, must be ensured at the domestic, regional and international levels. This also requires comprehensive and sustained global efforts based on compassion, empathy and respect for human dignity.

The problems posed by the HIV/AIDS pandemic are limited in the Kingdom of Saudi Arabia, where there is a low prevalence of infection. However, HIV prevalence among the foreign worker population is three times higher than among the Saudi Arabian citizens. The Kingdom of Saudi Arabia has therefore developed and implemented a comprehensive strategy that includes the participation of relevant governmental and non-governmental entities and charitable organizations. Prevention, treatment and protection programmes and mechanisms have been established to address the pandemic, its causes and its harmful effects. For example, we have strengthened prevention efforts while ensuring the safety and security of individuals and their families by launching education and awareness-raising campaigns and conducting health and medical surveys and research in order to encourage responsible conduct, in particular among those groups that are most vulnerable. We have also carried out premarital and prenatal screenings, health examinations and screening of pregnant women and orientation programmes, with great importance attached to the moral component in these undertakings.

Education programmes in the Kingdom have enlisted eminent religious leaders to help raise awareness and strengthen protection efforts, based on Islamic Sharia, in particular through circumcision, abstinence and prohibiting sexual relations outside of marriage. Counselling and voluntary testing centres have also been established, with laws having been put in place to guarantee the privacy of infected persons. We are combating stigmatization and discrimination by implementing follow-up and monitoring programmes for the pandemic. We have also stopped importing blood from abroad and are testing blood donors. We have also set up treatment centres for our citizens and foreign nationals alike and are supporting research efforts. This year, Saudi Arabia and the countries of the Gulf adopted the Riyadh declaration, which aims at preventing the pandemic's spread and at providing full services in the areas of awareness-raising, testing and treatment. We are coordinating efforts among our Ministries of Health and Social Affairs to work with UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In the Arab region, our country is working with the international community to help build capacity and ensure complementarity in this area. We have also made donations to the Global Fund. Furthermore, our Consultative Council is also involved in these efforts through the Inter-Parliamentary Union's Advisory Group on HIV/AIDS.

In conclusion, the Kingdom of Saudi Arabia respects the commitments it has made with regard to joint international efforts. We welcome all the positive efforts that have been undertaken to protect the health and uphold the dignity of individuals, families and societies worldwide. We wish participants at this meeting every success.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. David Lozada, Vice-Minister of Health of the Philippines.

Mr. Lozada (Philippines): At a time when the global community is expected to boldly implement revolutionary strategies for an AIDS-free world, the Philippines, along with six other countries, faces challenges similar to those that existed during the early years of the epidemic, when countries with high rates of HIV infection struggled to minimize the impact of an epidemic that was growing rapidly. In contrast, at least 33 other countries were able to reduce their HIV incidence by 25 per cent between 2001 and 2009. Such efforts to reduce the burden of HIV are generally considered to have been effective in achieving the targeted outcomes. This is important, since the experience accumulated in reversing these trends over the past 30 years must now be shared with similarly affected countries that are struggling with resources inadequate to ensure and sustain universal access and eliminate discrimination. Such an approach, based on a best-practices model, would be helpful and practical, while allowing for individual variation and selection in dealing with the epidemic.

However, since HIV/AIDS is a chronic illness with acute life-threatening complications in its latter stages, no country, even one with a zero strategy and notwithstanding the gains achieved through universal access, is exempt from having to cope with a significant number of people living with HIV and AIDS. The factors influencing the evolution of the HIV epidemic remain complex, since they are also connected to other development issues, such as poverty and sustainable development. It is precisely an understanding of the drivers of the epidemic that can produce answers on how to confront it effectively, and not in a manner that borders on trial and error. While treatment for prevention has been a game-changer, to say the least, it can result in a dangerous abandonment of other basic means of prevention and control in key affected segments of the population — those other than heterosexual non-promiscuous couples — and in ignoring ongoing issues by relying on antiretroviral treatment. It is therefore paramount that a zero strategy be sound and realistic and based on the evolving epidemiology of the disease, the emergence of new technologies aimed at halting its spread and nations' and organizations' collective efforts to end it.

Finally, the promises contained in the Declaration should be taken seriously. Nations and organizations must remain accountable. There should be continuing feedback so that decisions may be changed and existing assumptions even dismissed if that will help get things done better and sooner. Let us not prevaricate as the modern plague virus continues to mutate, perhaps more easily than we can imagine. Thirty years is enough to certify the existence of HIV. We must all remain united as never before.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Mrs. Callista Mutharika, First Lady of Malawi.

Mrs. Mutharika (Malawi): I would like to congratulate the President, the Secretary-General and the Executive Director of the Joint United Nations Programme on HIV/AIDS on convening this High-level Meeting and adopting the various resolutions that relate to HIV and AIDS.

I have entitled my speech "Sustaining the National HIV and AIDS Response" because it is time to applaud our successes and resolutely commit to eliminating new infections. I am happy to report that Malawi is winning the HIV and AIDS battle, as evidenced by the decline in new HIV infections from 110,000 to 70,000. HIV and AIDS has been included in Malawi's growth and development strategy and translated into a national HIV and AIDS policy and national action framework. This success has also been due to the enormous political will, commitment, championing and leadership displayed by His Excellency Dr. Bingu Wa Mutharika, President of the Republic of Malawi, who is the Minister responsible for nutrition, HIV and AIDS. In line with this, I am the Coordinator of Safe Motherhood, Nutrition and HIV and AIDS, including prevention of mother-to-child transmission. My appointment has facilitated the links between the services, including the launching of the Callista Mutharika Safe Motherhood Foundation. I am advocating aggressively for zero vertical transmission of HIV and promoting the feeding of infants and young children. I have also signed a call to action for scaling up nutrition and the One Thousand Days Movement, aimed at reducing stunting.

A secretariat in the Office of the President and Cabinet, headed by a principal secretary, has been established to spearhead the drafting of the HIV and AIDS policy, provide strategic direction, guidance, oversight, high-level advocacy, monitoring and evaluation, and to facilitate the establishment of implementation structures in 10 key ministries.

We have allocated 2 per cent of our other recurrent transaction budget, amounting to $41.2 million to combating HIV/AIDS. We are also developing and adopting 86 workplace policy strategies in all three sectors of the economy, that is, the public, private and civil society. We have also successfully integrated nutrition into our antiretroviral programme.

The $300 million that Malawi has raised over recent years has contributed to the following successes and outcomes. New HIV infections have declined from 110,000 to 70,000. HIV prevalence has declined to 10 per cent from 16 per cent. Of clients ever started on antiretroviral treatment, 80 per cent are still alive and continuing with treatment. Of clients in need of antiretroviral treatment, 63 per cent have been reached. Of HIV/tuberculosis co-infection clients on antiretroviral treatment, 87 per cent are cured.

New HIV infections have declined by 25 per cent in young people, and Malawi is one of the nine countries, globally, that has achieved this. Abstinence has increased from 39 to 48 per cent in young people. Condom use has increased from 47 to 60 per cent among males and 30 to 40 per cent among females. Stigma and discrimination have declined, and there is greater involvement of people living with HIV in the national response.

HIV testing sites have increased from 146 to 735, and over 5 million Malawians have been tested and know their serostatus. Antiretroviral treatment sites have increased from 9 to 426 and also offer post-exposure services, and over 350,000 people are now on antiretroviral treatment. Mortality due to AIDS has been reduced from 11 per cent to 5 per cent.

The vertical transmission of HIV from mother to child has declined from 23.1 per cent to 12.8 per cent, and under research conditions it has gone down to 1.5 per cent. Early infant diagnosis is offered in 192 facilities, and 41 per cent of exposed children received antiretroviral prophylaxis. One hundred per cent of new HIV-positive pregnant women attending prenatal clinics receive a complete dose of antiretroviral prophylaxis.

Health systems are being strengthened, with 2,800 health workers and 5,300 frontline health workers trained and retained. Infrastructure, such as laboratories, has been constructed and renovated, while CD4-count machines and molecular biology equipment have been procured.

Over 4.5 million young people have received life skills education. More than 35,000 households with orphans and vulnerable children received social support. Over 240,000 have benefited from direct cash transfers, 150,000 from agriculture input subsidies, 100,000 from loans under the Malawi Rural Development Fund and 500,000 from nutrition support.

The successes are not without challenges, key among them being inadequate financial, human and material resources; inadequate capacity to track and follow up clients on antiretroviral treatment to ensure adherence; and low community and male participation in the national response.

To address the challenges, the Government has reviewed and finalized the new HIV and AIDS policy while the development of a new HIV and AIDS strategy and its resource mobilization strategy is under way. The Government has advanced its efforts towards local production of antiretroviral medicine and other pharmaceutical products and has continued to implement the health system's human resource capacity-strengthening strategy.

Malawi's HIV and AIDS response is mature and calls for sustainable programming. The Government of Malawi remains committed to championing the national response within a holistic approach and is appealing to the global community and to bilateral, multilateral and civil society partners to ensure that adequate resources are allocated to HIV and AIDS programmes in order to achieve the three zeros.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Luis Estruch Rancaño, Deputy Minister of Health of Cuba.

Mr. Estruch Rancaño (Cuba) (*spoke in Spanish*): The HIV/AIDS epidemic, having infected 60 million people globally, remains a challenge to the world. No country has escaped the effects of the pandemic.

Cuba, as a full Member of the United Nations, participated in 2001 in the negotiation and adoption of the Political Declaration on HIV/AIDS (resolution 60/262, annex). We have solemnly complied with the duties and rights involved in dealing with this epidemic, which for 30 years has brought about pain, death and other consequences. It has resulted in over 25 million deaths, countless orphans and affected homes. We still have not found a vaccine or the medicines necessary for a complete cure.

In 53 years of internationalist solidarity, more than 150,000 Cuban health-care workers have contributed to relieving pain, saving lives and collaborating in the peaceful development of health-care systems in fraternal nations. To some degree they are conducting actions having to do with preventing and addressing AIDS, tuberculosis and malaria. We are now present in 108 countries, and we are training over 20,000 doctors from some 40 countries.

In 2004, the World Health Organization recognized the results achieved by Cuba, along with five other countries, in tuberculosis control. Today, although malaria is not endemic to our country, we continue to work on decreasing its prevalence rate.

Our results in reducing infant mortality to 4.5 per 1,000 live births show, along with the eradication of 28 communicable diseases, the accomplishments of an accessible, free and effective health-care system. We can say that mother-to-child transmission of HIV and congenital syphilis has been eliminated, and blood-borne transmission of the virus has been controlled. The estimated HIV prevalence among those aged 15 to 49 years, pregnant women and people with sexually transmitted diseases is low.

The treatment programme initiated in 2001 has had an impact on AIDS incidence and mortality and has improved the quality of life of those affected. Over 90 per cent of those who initiated treatment in 2001 are alive today in our country.

Civil society has been a driving force, giving rise to dynamic activism. The active participation of youngsters, women, men who have sex with men, people with HIV and community leaders has linked health-care centres, scientific institutions, the social sector and community organizations, forming an irreplaceable source of support for our country's programme on prevention and control.

The proportion of the population using condoms, in particular youth, has increased. Our country has developed a high-cost comprehensive health-care programme together with international agencies and the Global Fund, action that we recognize and appreciate.

This epidemic has taught us to seek ways to reduce costs, improve efficiency and develop Cuban technological and biological products to ensure that more than 2 million HIV tests are conducted annually and that the treatment of all Cubans is guaranteed.

In the 10 years since the introduction of this topic through the 2001 special session, the world has undergone rapid changes. We live in a very unequal world. The poor continue to be those most affected, as the insidious effects of food insecurity and economic contraction spread and conflicts and natural disasters devastate many parts of the planet.

The achievements made, although promising, are insufficient and in danger. Stigma, discrimination and gender inequality are hindering efforts to achieve universal access to HIV prevention, treatment, care and support.

Additionally, the unacceptable rise in costs and the global economic crisis continue to prevent the achievements of recent years from being sustainable in most middle- and low-income countries.

Cuba, subjected as it is to an unjust economic, commercial and financial blockade by the United States of America, with its unfortunate consequences for the health of our people, and despite having limited access to medications and technology produced in the first world, has fulfilled its commitment to ensuring universal access to HIV care and treatment. This achievement was recognized in the World Health Organization's Progress Report 2010, which notes that eight low- and middle-income countries, including Cuba, had already fulfilled that commitment. Our health-care system guarantees access by the entire population to its services, ensuring that they reach all areas of the country.

The global response to the epidemic has mobilized Governments, the scientific community, the affected population groups, social sectors, community activists and religious leaders, and has highlighted the crucial need to find a solution to social inequities and injustice and to strengthen health-care systems.

Extreme poverty and hunger must be eradicated; gender equality and the empowerment of women must be promoted; and the right to education and health care for all people, without distinction, must be ensured.

Thirty years after the emergence of AIDS, 10 years after the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and with only four years remaining to reach the Millennium Development Goals, we must make a renewed political commitment and expedite global, regional and national action aimed at slowing and minimizing the spread of the virus. This is our responsibility, and we commit ourselves to that goal as we did 10 years ago.

Unity within and among countries, a rational integration of efforts targeted at the true locus of the epidemic, effective action and international solidarity and cooperation, without which progress will be impossible, are the only means of finding sustainable solutions and facing the common challenges posed by a globalized, unequal and exclusionary world, which threaten us all.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Mohammad Hossein Niknam, Acting Minister for Health of the Islamic Republic of Iran.

Mr. Niknam (Islamic Republic of Iran): At the outset, I would like to express my appreciation to the organizers of this High-level Meeting, particularly the President of the General Assembly and the Joint United Nations Programme on HIV/AIDS, for all their tireless efforts before and during the Meeting.

Almost three decades after the beginning of the global HIV response, and four years before the target date for achieving the Millennium Development Goals, the world still needs to identify and intensify the efforts required to realize universal access. Ensuring universal access requires increased and predictable funding in combination with an effective response to diverse and evolving epidemics based on each country's national context and circumstances. Therefore, the national health response to HIV/AIDS should be guided by a well-funded national strategic plan that prioritizes specific interventions and service delivery based on specific requirements and needs at the country level.

Strengthening the overall health infrastructure is a prerequisite for a successful and expandable response to HIV/AIDS. In the absence of a vast, functioning primary health-care network, the provision of comprehensive and integrated services for controlling the progress of the HIV/AIDS epidemic would be very difficult.

Meantime, a successful HIV and AIDS response programme needs to fully take into account sociocultural circumstances and adopt culturally sensitive approach. In this regard, the role of the family in the reduction of risky behaviours, especially among young people, should be emphasized.

Responding to this epidemic, the Islamic Republic of Iran has developed a national strategic plan which addresses the specific needs of the target groups, namely the general population, at-risk and most-at-risk populations in the national context, and people living with and those affected by HIV/AIDS.

The main areas of the HIV/AIDS national strategic plan are age-appropriate information and education, voluntary counselling and testing, harm reduction, HIV and sexually transmitted infection care and treatment, and strengthened HIV-related applied studies.

The Ministry of Health and Medical Education, in close collaboration with all relevant stakeholders that are members of the national AIDS control task force, has developed and implemented comprehensive programmes to achieve the main goals of the strategic plan to ensure universal access to prevention, care, treatment and support.

Establishing voluntary counselling and testing centres and drop-in centres; putting together outreach teams and methadone maintenance therapy programmes; launching peer group education schemes, hotline services, home-care programmes, family education programmes to prevent high-risk behaviours among young people, prevention programmes in workplaces and training of trainers courses; and establishing counselling and harm reduction centres for vulnerable women are among the key measures taken in line with the national plan to contain the spread of HIV/AIDS.

All these facilities provide their services confidentially and free of charge. In addition, all people living with HIV/AIDS and their families enjoy free health insurance coverage. As a result, a decrease in the number of new cases has been registered, which in turn has contributed to HIV prevalence among the general population remaining at around 0.1 per cent.

Based on the existing evidence on the expected change in the pattern of transmission from injecting drug use, the Government has developed specific HIV-preventive programmes for vulnerable women. Today, more than 15 harm-reduction centres for vulnerable women are providing services throughout the country. By the end of 2011, the number of such centres is expected to be scaled up to 25.

Although indications are that the majority of women living with HIV in Iran are the spouses of injecting drug users, these centres address the special needs of all HIV-vulnerable women, including female drug users and women engaging in high-risk behaviours. Such centres, which provide care and services solely to women, have created a safe haven for them where information, education, HIV counselling and testing, harm reduction, care and support can be provided without fear of stigma and discrimination.

In conclusion, I would like to reiterate that the Government of the Islamic Republic of Iran remains committed to the global efforts to work towards the elimination of a new generation of HIV cases and AIDS-related deaths.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Mrs. Veronika Skvortsova, Deputy Minister for Public Health and Social Development of the Russian Federation.

Mrs. Skvortsova (Russian Federation) (*spoke in Russian*): The Russian Federation is among those countries that have been, over the last 10 years, undertaking considerable efforts to combat HIV infection. We therefore welcome this High-level Meeting of the General Assembly on this important issue.

The Russian Federation's national legislation guarantees access by all citizens to free, large-scale HIV prevention programmes and testing, and access to free, high-quality medical care for HIV-infected people as well as the protection of their rights.

A comprehensive system of measures to combat HIV infection has been created and is being carried out under the leadership of the governmental commission that coordinates concerted action by federal bodies, the 83 constitutive entities of the Russian Federation and non-governmental organizations. These measures have made it possible to contain the HIV epidemic at the concentrated phase. The percentage of HIV-infected people is currently 0.36 per cent.

After several years of the epidemic spiralling, the incidence of new HIV infections decreased for the first time in 2008, and stabilized in 2009 and 2010.

The main priority in combating HIV infection in the Russian Federation is developing a multisectoral programme for primary prevention and promoting healthy lifestyles aimed at motivating people to consciously give up risky behaviour patterns. As a result of the implementation of innovative prevention technologies that take into account the cognitive and psychological characteristics of different age and social groups, especially children and youth, over the past 10 years the percentage of young people among the total number of HIV-infected people has decreased by a factor of 11.2, down to 2.2 per cent, and the share of HIV-infected children by a factor of 48, down to 0.1 per cent.

Of particular importance are measures to prevent HIV infection among high-risk groups, including those engaging in risky behaviours. To motivate these groups to accept voluntary HIV testing and to provide them with support, we are actively cooperating with civil society and non-governmental and religious organizations.

The annual provision of voluntary HIV testing to the population, in particular high-risk groups, covers 22 to 25 million people, that is, 15 to 17 per cent of the total population of the Russian Federation. This makes it possible to ensure not only the credibility of data on HIV prevalence but also the early detection of HIV infection. In 2010, for instance, 70 per cent of those who tested HIV-positive for the first time were diagnosed at very early stages of the disease, six to seven years before they would require medication. There has been a threefold increase in the number of people who have annual check-ups.

The Russian Federation places special emphasis on measures to prevent mother-to-child HIV transmission. In 2010, more than 93 per cent of pregnant HIV-positive women were covered by these measures, which represents a 35 per cent increase in five years. As a result, the number of infected newborns decreased by a factor of more than two, and more than 50,000 healthy children were born to HIV-positive mothers.

In order to provide medical assistance to HIV-infected people, a specialized service has been created in the Russian Federation that consists of approximately 100 prevention and treatment centres and 2,000 diagnostic laboratories.

The Russian Government provides free antiretroviral drugs to all who need them. Over the last five years, federal budget allocations for universal access have increased sixfold, to more than 40 billion rubles, or over $1.3 billion.

It is important to point out that the effectiveness of medical and social assistance enabled 73 per cent of children who were infected with HIV in the 1990s to lead a normal life, to enter universities and colleges and to start families and have healthy children.

Since 2006, our country has been a donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria and is now increasing its support to it. During that period, the Russian contribution to the Global Fund totalled $317 million.

In conclusion, I would like to express satisfaction with the collective work on the draft declaration and to state that, generally, we support it. The use of Russian Federation's accumulated experience could improve the effectiveness of integrated international measures to eliminate HIV infection. We are ready to share our positive results and developments.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Ms. Zarela Solis, Deputy Minister of Health of Peru.

Ms. Solis (Peru) (*spoke in Spanish*): Between 1983 and November 2010, 42,614 HIV cases and 27,056 AIDS cases were reported in Peru. The HIV/AIDS situation in my country, according to the parameters of the Joint United Nations Programme on HIV/AIDS, remains at the concentrated epidemic level, with sexual transmission as the most frequent method of transmission, representing about 97 per cent of all cases. According to the 2008 sentinel surveillance studies, the prevalence of HIV among men who have sex with men is 13 per cent.

It is worth noting, however, that, according to studies carried out in Peru's capital, the prevalence of HIV infection in the transgender population has reached approximately 30 per cent, which reflects the varying levels of vulnerability in different segments of the population. In targeting those segments, the country is observing standards of fairness and effectiveness. The ratio of prevalence in men versus women is 3 to 1, and, with respect to the age of onset, 41 per cent of cases are reported in people from 25 to 34 years of age, which leads us to estimate that the age at which the infection was acquired would be during the teenage years or in early adulthood. For this reason, Peru has intensified the development of policies and comprehensive sex education programmes. On the other hand, it is noteworthy that the percentage of pregnant women with HIV in Peru is 0.23 per cent.

In Peru, clear improvements have been made in the field of health in terms of HIV prevention and care of persons living with HIV. In 2004, our country undertook a commitment to provide large-scale comprehensive care and free treatment, and it has done so for approximately 16,000 people to date. Treatment compliance has remained between 83 and 85 per cent, while the survival rate for people who recover their immune response after one year of therapy is 90 per cent. Moreover, according to reports by the General Directorate of Epidemiology, in the past six years new HIV/AIDS infections and related deaths have declined, reflecting the impact of efforts made by the State, by those affected and by civil society to improve the quality of life of those living with HIV.

Peru has also developed standards and policies aimed at preventing vertical transmission. Increased preventive care has resulted in tangible improvements, such that rapid HIV testing for pregnant women has expanded from 30 per cent in 2004 to more than 80 per cent today.

Along with the economic growth that Peru has experienced in recent years, our national policy of social investment has expanded our health care coverage, as a result of greater public health sector financing. In 2009 total spending on the prevention, care and treatment of HIV was 143 million nuevos soles, or $47 million.

The Universal Health Insurance Act provides legal support for the exercise of the right to health, based on a benefits plan that includes HIV diagnosis and treatment, and for implementation of a mechanism for the results-based allocation of resources, which as of this year is being implemented for tuberculosis and HIV/AIDS.

With regard to provisions that facilitate a multisectoral response, Peru has developed a significant and comprehensive set of standards for HIV prevention and health monitoring, as well as with regard to vulnerability, stigmatization and discrimination against affected individuals and vulnerable groups. Furthermore, standards have been developed and updated for comprehensive health care for persons living with HIV and for primary and secondary prevention for the general population and for more vulnerable groups.

Similarly, standards have been promulgated in various sectors in order to strengthen the capacity of public and private institutions to implement educational policies to ensure respect for fundamental rights, such as combating discrimination at work or facilitating equitable access to social assistance and public and private services, to mention some of the most important.

In the context of the country's political and social development and in accordance with our multisectoral strategic plan for 2007 to 2011 for the prevention and control of HIV and AIDS, the Government has promoted the decentralization of our health system. Regional and local governments, together with representatives of civil society and those affected in the area, have drawn up regional strategic plans and have allocated resources to help align local needs, capabilities and resources with our national policies and strategies, thus increasing the resources available and improving the efficiency and effectiveness of such efforts.

In the same vein, as we discuss our progress, we must also point out that we continue to face challenges, such as the need to redouble efforts to improve interaction between the Ministry of Health and other sectors. In that regard, the Ministry of Health is leading the coordination of other ministries with regional governments for joint action on HIV/AIDS and tuberculosis with regard to preparing the results-based budget for the next fiscal year. That will make it possible to coordinate our policies and actions and to identify resources, improving the effectiveness of our prevention and treatment policies for the people.

A second major challenge we face in proper planning and management is in improving the quality and efficiency of our HIV/AIDS information systems. That represents not merely technological improvement but, more importantly, standardization of conceptual frameworks, methodologies and processes for information flow for analysis and action-oriented decision-making.

Finally, the new multisectoral national plan for 2012 to 2016 will reaffirm our national commitment to combating the HIV/AIDS epidemic and will reflect the health, social, political and economic analysis that allows us to consolidate advances and strengthen our HIV prevention policies among the adolescent population. It will also allow us to close the existing gaps in the prevention, early diagnosis and care of those affected in Peru so as to deal with the various factors involved.

At the international level, Peru will continue to support the efforts of UNAIDS and the Global Fund. We remain committed to the goal of achieving universal access to prevention, treatment, care and support by 2015, with a view to eliminating the global epidemic of HIV. For that reason, it is important that middle-income countries such as Peru have access to all the flexibilities set out in the of the World Trade Organization's Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights Agreement and Public Health, as well as to adequate levels of international cooperation.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Edgar Giménez Caballero, Vice-Minister of Public Health of the Republic of Paraguay.

Mr. Giménez Caballero (Paraguay) (*spoke in Spanish*): Allow me at the outset, on behalf of the delegation of Paraguay, to convey our greetings to the President and to congratulate him on presiding over this High-level Meeting.

Paraguay fully affirms its commitment to the Millennium Development Goals and to the Declaration of Commitment on HIV/AIDS, adopted in 2001 (resolution S-26/2). Respect for the human rights of all people, without discrimination of any kind, is an essential element in implementing the actions aimed at achieving those objectives.

Our response seeks to attain universal scope, giving priority to the most vulnerable communities. In the last decade we have improved access to information, prevention and care for those living with HIV. The progress we have made is based on the consolidation of our national response for the control of HIV/AIDS, on improvements in financing and on intersectoral coordination for a more effective national response.

The Ministry of Public Health is leading the national response in my country, following the strategic guidelines established at the global level and those of our national health policy. It has adopted the principles of universality, comprehensiveness, equity and social participation, with a focus on rights and non-discrimination.

We have incorporated a primary health care strategy. As well as working with professionals in hospitals, we are also working with family health units to provide care in their own communities. New care centres have been set up to diagnose and provide early treatment for persons living with HIV, and testing, based on individuals' informed consent, is now available for the entire population.

The country has adopted the strategy of peer education and has trained activists who have been able to establish prevention measures aimed at vulnerable groups in remote areas. With regard to the prevention of mother-to-child transmission, we have made progress in increasing the number of advisory and voluntary testing centres, thus increasing the number of pregnant women making use of this diagnostic and prophylactic care. A law has been in effect since 2009 that established rights and guarantees for people living with HIV.

Regarding financing, in the past two years the Ministry of Public Health has increased fivefold the budget allocated to purchasing antiretrovirals, medications for treating opportunistic infections, and diagnostic and follow-up tests. All of these are included in the national list of essential medications, which are free for the population.

In our experience, intersectoral coordination and participation among Government institutions and civil society organizations has also been a crucial factor in these achievements. A number of civil organizations are now involved in the national response in the area of prevention and in defending human rights and non-discrimination. The impact of these efforts is reflected in improved access for people living with HIV as well as in terms of diagnosis and treatment, which has in turn contributed to a better quality of life and the survival of such people and to reducing mother-to-child transmission.

While all this progress is significant, there are still wide gaps that must be bridged. Many individuals remain excluded as a result of social stigmatization and discrimination and of the deficiencies in our health-care system. We are therefore developing new strategies that will help us to strengthen the health system as a whole and introduce management tools aimed at better implementing the principal guidelines that we have set out. We are establishing an integrated health-services network that will provide individuals with the necessary care at every stage of their lives.

The challenges that our country faces are common to many countries of the region and the world. Strengthening a global partnership aimed at responding to the HIV/AIDS pandemic is more necessary than ever before. More research is required that will yield relevant information in the social, economic and biomedical areas, as are coordinated policies that will have a significant impact in the medium term.

However, a great deal remains to be done in terms of combating HIV/AIDS and addressing the main issues that have emerged during this decade at the global level: the provision of primary health care, the development of human resources, addressing key social factors related to health, and funding for universal coverage. As crucial as that partnership is, regional integration is equally so in order to address issues including the price of antiretroviral drugs and other similar topics.

We are certain that together we will be able to overcome these challenges and achieve our goal.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Dagvadorj Ochirbat, Head of the Parliament's Standing Committee for Social Policy, Education, Culture and Science of Mongolia.

Mr. Ochirbat (Mongolia) (*spoke in Mongolian; English text provided by the delegation*): Allow me to begin by extending my most sincere greetings to all participants, who have come together here in New York to discuss a subject of vital importance, HIV/AIDS; review the progress achieved; define future goals; and address the status of commitments made by Governments. It is my honour to be here today, and I wish to convey the best wishes of the Parliament and Government of Mongolia for the success of this High-level Meeting.

I am pleased to note that by having endorsed the Declaration of Commitment on HIV/AIDS, adopted by the special session of the General Assembly in 2001, and the Political Declaration on HIV/AIDS, adopted by the Assembly at its High-level Meeting on HIV/AIDS in 2006, my Government has committed itself to developing and implementing its own country-specific policy aimed at achieving broad, multisectoral coverage for prevention, treatment, care and support, with the active participation of people living with HIV, towards the goal of universal access.

As a result of the strengthened political commitment and unceasing efforts of the Government, Mongolia has maintained its low HIV prevalence. However, the phrase "low prevalence" can result in a diversion of resources and diminished attention. I am deeply concerned at the fact that, despite the decline in global HIV incidence, the epidemic continues to accelerate in some low-prevalence countries, including Mongolia.

As such, Mongolia urges the international community to advocate and mobilize for increased investment for countries currently reporting low-level epidemics during this time of declining international funding for HIV. The global response must be dramatically reshaped to increase the effective use of resources, and the Government of Mongolia believes that the key to this is implementing the Paris Declaration on Aid Effectiveness, with special emphasis on avoiding activities that undermine national institution-building, utilizing national systems and procedures to the maximum extent possible, and minimizing overhead costs for HIV assistance.

Mongolia fully supports a global vision of a world with zero new infections, zero discrimination and zero AIDS-related deaths. It is my privilege to inform the Assembly that the Government of Mongolia has pledged to work towards zero vertical transmission of HIV and zero new infections as a result of blood transfusions.

We have committed ourselves to working to achieve the goals for 2015 put forward by the Secretary-General in his most recent report (A/65/797), and to the following undertakings, in addition to the commitments we made previously.

First, measures aimed at ensuring the full enjoyment of human rights and eliminating gender inequalities will be enforced through the amended Law of Mongolia on Prevention of HIV/AIDS, which was initially enacted in 1994 and is currently being finalized for submission to the Parliament; secondly, the Government is currently in the process of eliminating HIV-related restrictions on entry, stay and residence; and thirdly, in the light of the positive economic growth observed in recent years and favourable future trends, my Government pledges to continuously increase financial resources within its national budget for activities related to HIV/AIDS prevention.

A week prior to this High-level Meeting, the Government of Mongolia, together with United Nations agencies and other stakeholders, organized the fifth national forum on HIV/AIDS. The forum played a crucial role in reviewing the current status of the national HIV/AIDS response and the progress made with respect to Millennium Development Goal 6, and featured discussions on a plan of action to accelerate development in this area.

Participants in the national forum expressed their support for the main goal of the Declaration to be adopted by this High-level Meeting on HIV/AIDS and have pledged to implement its objectives and to contribute to the global movement towards a world free of HIV.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Sergey Khachatryan, Deputy Minister of Health Care of Armenia.

Mr. Khachatryan (Armenia): The commitments undertaken by the Government of Armenia have radically changed the conceptual approaches taken towards HIV prevention since Armenia subscribed to the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

In that connection, Armenia has instituted a number of changes and programmes in the context of its approach to HIV/AIDS prevention and education. In 2010, a "healthy lifestyle" training course that includes an HIV education component was introduced in the curricula of secondary and senior schools and is taught as a separate subject. One of the main goals of the project is to promote knowledge about HIV among young people and to reach the ambitious target on HIV knowledge set out in the Declaration of Commitment.

In addition, risk- and harm-reduction programmes as well as behavioural change and information, education and communications strategies are being implemented among the populations most at risk and young people, which has resulted in a stabilization of the HIV epidemic among key vulnerable population groups through raising their awareness of HIV, making their behaviour safer and expanding their access to means of prevention and information.

The HIV epidemic in Armenia remains concentrated. It is worth mentioning, however, that Armenia is located in a region of the world where the HIV incidence rate tends to increase as a result of labour migration trends. The significant number of cases of HIV infection registered in Armenia is connected with the migration process. More than a half of our registered HIV cases are labour migrants who were infected through heterosexual contact outside Armenia. Host country migration restrictions related to HIV, limited access to health care services and to HIV information and HIV prevention measures directly influence Armenia's health sector.

Speaking of trends, it is also worth noting that beginning in 2006, the major mode of HIV transmission in Armenia has changed from injecting drug use to heterosexual transmission. This is associated with the overall trend of the HIV epidemic in Eastern Europe and Central Asia. An increased number of registered HIV cases has been observed in recent years in the country, which is associated with scaling up laboratory diagnostic capacities, increasing accessibility to HIV testing, and upgrading counselling, testing and referral systems. As a result, the number of HIV tests performed has increased and HIV detectability has improved significantly.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has been providing unique support to the National AIDS Programme since 2004. As a result, significant national capacity was built, strong national response was formed, and antiretroviral treatment and prevention of mother-to-child transmission became available for all those in need. Currently, all pregnant women diagnosed with HIV are provided with services to prevent mother-to-child HIV transmission. More than 95 per cent of pregnant women received HIV counselling and testing services. Further scaling up of those services will, hopefully, lead us to our common ultimate goal: the elimination of mother-to-child HIV transmission.

As we try to find the cure for this terrible disease, it is important that we make the lives of those who are infected as comfortable and humane as possible. We should work together to ensure the removal of overly restrictive legal and regulatory barriers that prevent access to controlled medications for all of those who need them, including for pain treatment.

By subscribing to the Millennium Declaration (resolution 55/2), Armenia committed itself to incorporating the Millennium Development Goals (MDGs) into its national long-term polices and plans and to introducing sustainable strategies and programmes that integrate economic growth and human development. Through broad consultations, Armenia has adopted the MDGs and developed a national MDG framework that incorporates national targets and indicators for 2015. The implementation of the National AIDS Programme will be a major contributing factor to achievement of the MDG goals in Armenia by that date.

We are hopeful that institutions such as the Global Fund, United Nations agencies and multilateral and other technical partners will continue to play an active role in supporting realization of the National AIDS Programme. Without their help it would be extremely difficult to achieve the MDG targets related to HIV in Armenia. Global solidarity will be the key if we are to succeed in our fight against the disease.

Lastly, I would like to express our confidence that this High-level Meeting on AIDS will establish the road map for achieving universal access to quality, affordable primary health care, holistic comprehensive care and support services for people living with and affected by HIV — including physical, spiritual, psycho-social, socio-economic, legal, nutritional and palliative care services.

The Acting President (*spoke in Spanish*): I now give the floor to Ms. Marina Kosacoff, Under-Secretary for Prevention and Risk Control of the Ministry of Health of Argentina.

Ms. Kosacoff (Argentina) (*spoke in Spanish*): Argentina is firmly committed to the promotion and protection of human rights, and for that reason we promote health as a right for all its citizens, one essential for development than must be guaranteed. We are willing to be a responsible State, one that leads the participation of all its actors in building a more just society. Thus we reaffirm all of our international commitments.

Our country has made significant progress in responding to the epidemic of HIV and AIDS in the context of the goals agreed to date. Today in Argentina about 130,000 people are living with HIV. Treatment is free, with 43,000 individuals under treatment, 70 per cent of whom receive medications directly from the Ministry of Health.

In recent years, the epidemiological curve of new infections has stabilized and mortality from AIDS has continued to decrease, with a drop of 15 per cent over the past five years.

Thirty years after the beginning of the epidemic and more than twenty since the appearance of the first antiretroviral drugs, in many countries of Latin America, the universal offer of treatment would be guaranteed, although that does not mean access to treatment is guaranteed.

Ensuring accessibility to health services involves developing strategies to reduce barriers, taking on a commitment to effective and specific prevention efforts and respect for human rights. Therefore, we have implemented an education programme that includes comprehensive prevention measures, including HIV and sexual and reproductive health services for all communities, including people living with HIV, women, children, young people, sex workers of both genders and their clients, people of transgender identity, homosexuals, men who have sex with men, people living in prison, drug users, indigenous communities and migrants.

In this sense, the law for egalitarian marriage between persons of the same sex — in which Argentina is a pioneer in the region — is a significant step towards recognition of these rights. This year, the Senate is also discussing a series of initiatives on gender identity laws which will consequently facilitate access to health care services by transvestite, transsexual and transgender populations; as well as other legislative proposals involving the use of drugs.

None of the above would have been possible without the joint work and efforts of civil society organizations, in particular of people with HIV, who have been motors and promoters of this response.

Much remains to be done. We must not linger on the accomplishments but face the path that lies ahead for both Argentina and our brother nations of Latin America. We call for continued collaboration among countries, sharing experiences, working at our borders, assisting each other to ensure the continued provision of medication in each country, while jointly negotiating prices for the region. We urge the international donor agencies to turn their eyes to a continent that needs their help to achieve the targets set for 2015 in the framework of the Millennium Development Goals.

We are convinced that the actions we have been carrying out at the country, regional and global levels must continue in order to ensure universal access. We believe it is important that developing countries and least developed countries be able to make full use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). We also stress the importance of effective implementation of the Doha Declaration on the TRIPS Agreement and Public Health. We emphasize in particular the importance of its paragraph 4, by which the ministers agreed that the TRIPS Agreement does not and should not prevent members from taking measures to protect public health.

We deem it essential that international organizations competent in this field provide relevant technical assistance to developing and least developed countries. Also, we advocate effective implementation of the Global Strategy on Public Health, Innovation and Intellectual Property of the World Health Organization.

We call on the international organizations to continue contributing to achievements in the region. We, the countries of Latin America, need that assistance, and we have much to contribute.

The Acting President (*spoke in Spanish*): I now give the floor to Mrs. María Rubiales de Chamorro, Deputy Foreign Minister and Permanent Representative of Nicaragua.

Mrs. Rubiales de Chamorro (Nicaragua) (*spoke in Spanish*): The Government of Nicaragua, headed by its President, Commander Daniel Ortega Saavedra, is committed to protecting and promoting people's rights. Restoring the right to health care, including free access to services, is a priority of our Government, as is restoring other human rights set out in Nicaragua's Constitution that were denied to the Nicaraguan people during the past 16 years of neo-liberal governance. The social exclusion that resulted from the policies of those Governments undermined many aspects of the human development of Nicaraguan men and women. It also increased both poverty and extreme poverty, particularly in rural areas. That led to the further deterioration of living conditions and created conditions conducive to the development of modern world epidemics, such as HIV/AIDS.

With regard to the epidemiological status of HIV in Nicaragua, statistics for 2010 indicate that our country continues to experience a concentrated epidemic, that sexual contact continues to be the vector for transmitting the virus in 93 per cent of cases and that there has been an increase in the feminization of the epidemic. In that context, the Government of Reconciliation and National Unity is promoting a national response that that considers the fight against HIV as vital for human development. Our rights-based intersectorial response includes broad social participation that makes it possible to carry out HIV/AIDS awareness and prevention efforts, of which I shall refer only to the most important.

They include promoting healthy behaviours to prevent HIV/AIDS infection among adolescents, young people, women and key populations; efforts in the education sector to develop competencies among teaching personnel of the Ministry of Health; training communications professionals and university personnel to promote social communication; promoting human rights and addressing stigmatization and discrimination through a project that establishes a network of human rights promoters that includes the Prosecutor for Human Rights, the Nicaraguan Commission to Combat HIV/AIDS, associations of people suffering from HIV/AIDS and other institutions; strengthening capacities of networks of men who have sex with men and of lesbian, gay, bisexual and transgender populations and commercial sex workers by training them in order to expand community prevention and outreach efforts; and the promotion and distribution of condoms on a mass scale.

As a result of these actions, there was a six-fold increase in 2010 in the number of facilities providing treatment for people with HIV, including first- and second-level treatment. These facilities include multidisciplinary teams to ensure appropriate antiretroviral therapy and comprehensive management for persons with HIV/AIDS.

The strategy has combined training for health-care personnel — to enable them to implement guidelines and protocols on the care of adults, adolescents, children and pregnant women, as well as to address nutritional and psychosocial aspects of persons with HIV/AIDS — along with the dissemination of information among the general population, and especially among high-risk groups.

We have increased the testing of pregnant women. At this point, nearly 60 per cent of pregnant women have been tested and informed of the results.

With regard to evaluations, today people with HIV are assessed following virological, immunological and clinical criteria.

With regard to treatment, we have increased the number of persons in treatment by 3.6 times — from 335 in 2006, to 1,286 in 2010, with a high percentage of people remaining in therapy. In 2010, 334 persons required treatment for opportunistic infections and the Government responded with the necessary medication, supplying those to health-care centres at no cost.

The challenges of the years to come are to improve care for children who have been orphaned by AIDS and their families and to improve the overall quality of life of people with HIV. In addition to treatment, those persons must be reintegrated in the labour market and have access to housing, among other things. We must also improve our registry and information system. These challenges will be taken up within a framework guided by dedication, care, love, quality and dignity.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. George Tsereteli, Deputy Chairman of the Parliament of Georgia.

Mr. Tsereteli (Georgia): Allow me to greet the General Assembly on behalf of the people and leadership of Georgia. I am honoured to address this High-level Meeting to highlight our achievements, analyze challenges and agree on future decisive steps to be taken in the global fight against the HIV epidemic.

Seven years ago, the new Georgian Government launched a programme of comprehensive reforms aimed at building a democratic modern society and State. Important reforms are under way in the fields of health care and social protection, which will greatly contribute to achieving the development goals on health set by the United Nations Millennium Declaration.

Although Georgia has not witnessed a wide-scale HIV epidemic, approximately 2,900 cases have been registered officially, while the estimated total number is about 4,000. The growth of the epidemic in our country has been relatively slow. Yet, the incidence of HIV infection exceeds the average rate in the European Union.

The Georgian Government is strongly committed to further accelerate the progress made in its national HIV/AIDS response. We are closely cooperating with the United Nations thematic group, the Global Fund and the United States Agency for International Development, and are grateful for their tremendous input towards creating an effective national AIDS-control service.

Since 2004, Georgia has been the only country in the region that ensures universal access to antiretroviral therapy. We are pleased to acknowledge that by expanding this free programme to the region of Abkhazia, we were able to provide life-saving treatment throughout the territory of the country within its internationally recognized borders.

We welcome the recent Security Council resolution 1983 (2011) on HIV prevention, treatment, care and support in conflict zones. We hope that the international community will act more decisively to ensure the provision of corresponding mechanisms in the two occupied regions of Georgia — Abkhazia and the Tskhinvali region/South Ossetia.

Since 2005, Georgia has also ensured universal access to services to prevent mother-to-child transmission, including HIV testing and counselling and prophylactic antiretroviral therapy. As a result, there have been no cases of mother-to-child transmission of HIV among persons enrolled in the programme.

Building productive partnerships with civil society and youth organizations, and especially with young people and people living with HIV, has been a critical factor in these achievements.

The country coordinating mechanism, chaired by the First Lady of Georgia, is the single national AIDS coordinating authority, which includes broad representation that ensures multisectoral coordination of the national response. It is noteworthy that

Mrs. Roelofs was recently appointed a World Health Organization (WHO) Goodwill Ambassador for the health-related Millennium Development Goals (MDGs).

Our national strategic plan of action has been in place since 2003. In 2009, the Georgian Parliament adopted the new law on HIV/AIDS, which endorses a rights-based approach to fighting the epidemic. However, along with these successes, our national AIDS response has met with challenges in sustaining progress due to financial constraints, which will only increase after the current Global Fund assistance is withdrawn.

Despite the heavy human, social and economic impact following the Russian invasion of 2008, the Georgian Government made every possible effort to sustain leadership and increase domestic funding allocations in subsequent years. However, given the limited fiscal capacity of the country, support from the international community remains critical.

My country has made substantial progress in responding to the HIV epidemic. Nevertheless, increased efforts are needed to meet MDG 6, to halt and reverse the spread of the epidemic by 2015. Guided by the WHO Global Health Sector Strategy on HIV/AIDS, Georgia has established early identification and treatment of HIV cases as priorities for the future, as part of the most promising approach to eliminating the epidemic.

Thirty years of the AIDS burden have shown that without solid political will and effective guidance we cannot achieve our goal. From this battle, we have emerged stronger and more committed to ending the epidemic, safeguarding future generations and saving millions of lives.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Egypt, Mr. Ahmed Mohamed Abdel Halim, Personal Representative of the President of the Supreme Military Council.

Mr. Halim (Egypt) (*spoke in Arabic*): Egypt attaches special importance to this High-level Meeting, which is being held at a critical juncture to support the efforts of the international community to combat the spread of HIV/AIDS, take stock of our achievements so far and enhance our joint efforts to achieve universal access to prevention, treatment, care and support for all by 2015, in order to eliminate the spread of HIV.

Egypt aligns itself fully with the statement delivered yesterday by the Minister for Health of Senegal on behalf of the African Group.

The spread of HIV/AIDS poses one of the main challenges to achieving the Millennium Development Goals (MDGs) by 2015, especially MDG 6. The past few years have seen success in reducing the incidence of infection in some developing countries, which can be attributed to their efforts to increase access to national prevention, treatment, care and support programmes, implemented in cooperation with the United Nations. However, the continuing increase in the estimated number of new infections around the world, the number of people receiving treatment every year since the beginning of the new millennium and the fact that African countries continue to be the most severely affected continue to be serious challenges and obstacles to sustainable development efforts.

These ongoing challenges call for a practical and effective response from the international community through comprehensive, equitable and nationally owned frameworks that ensure that all people living with HIV/AIDS have access to effective prevention, treatment, care and support, without discrimination and in accordance with the specificities of each country and society. The principle of national ownership cannot be overemphasized in this struggle. Such ownership ensures the efficiency and effectiveness of HIV-related programmes, as it guarantees that they are tailored to the specific needs of each country and society, taking into account their legal, cultural, ethical and religious values and circumstances.

The eradication of HIV infection calls for special attention to be given to strengthening the national capacities of Member States, especially African countries, to take into account the conditions specific to communities and societies in each State. Efforts to provide adequate and effective prevention, treatment, care and support programmes should be enhanced, as should capacities to implement national awareness-raising campaigns to address harmful traditional practices, reduce risk-taking behaviour and encourage responsible sexual behaviour. All of this requires a considerable increase in international financial resources and assistance to develop and strengthen national, institutional and human resource capacities, as well as the provision of new, effective, good quality and affordable medicines, antiretroviral therapies and vaccines.

Egypt believes in the importance of strengthening regional capacities to combat the spread of infection. In this regard, Egypt, with the full cooperation and active participation of the African Union, launched an Africa-wide initiative to establish a regional centre to promote cooperation in the fight against HIV and serve as a liaison between centres specialized in this field on the continent. We hope that the international community will provide financial and technical support for this initiative.

The international community has a special responsibility not only to work to provide the financial resources needed to bridge the present financing gap, which is estimated at $6 billion, but also to find drastic solutions to the problems of trade-related intellectual property, especially when it comes to medicines and vaccines, in order to ensure that treatment is provided at affordable prices in developing countries, particularly in Africa. Such efforts should be complemented by an efficient rationalization of assistance directed towards supporting interventions at the national, local and community levels and strengthening the role of families, non-governmental organizations and civil society in combating the spread HIV.

The spread of HIV is often both a cause and a consequence of poverty and underdevelopment. The successful elimination of HIV infection therefore requires a process of sustainable development that supports, among other things, efforts to develop infrastructure and economic, education and health systems. The transfer of knowledge and technology is crucial to supporting these efforts, especially when it comes to the medical sector.

Furthermore, the international community has an obligation to eradicate the root causes for the spread of infection, including through combating the illicit trafficking in drugs as a top priority, in addition to working to implement harm elimination and reduction programmes, to address the economic and social challenges that increase the vulnerability of women to HIV infection and to combat discrimination, all forms of violence and the sexual exploitation of women.

Furthermore, the international community must pay due attention to ensuring the peaceful settlement of armed conflicts, especially in Africa. Protracted conflict situations affect the ability of Member States to direct the needed resources to effectively implement their national prevention, treatment, care and support programmes, resulting in the continued spread of infection. Political instability results in increasing the marginalization of women, children and youth, as well as their vulnerability to infection, thereby creating additional challenges for peacebuilding efforts in post-conflict situations.

Today, we underscore our sincere determination to combat the spread of HIV infection and renew our strong political will and full commitment to the principle of national ownership of all prevention, treatment, care and support programmes. We must strengthen international cooperation and assistance, without conditions, in order to maximize benefits. We must strengthen our efforts to address the nationally identified determinants and modes of transmission of HIV, in accordance with the specificities of each Member State and community. In doing so, we will realize our goal of attaining universal access to prevention, treatment, care and support by 2015, and move closer to achieving the MDGs, especially MDG 6.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Patrice Debré, AIDS Ambassador of France.

Mr. Debré (France) (*spoke in French*): France was duty-bound to participate in this special meeting. We have come a long way since the discovery of AIDS 30 years ago. The fight against HIV/AIDS has truly been an exemplary mobilization of every component of the international community — States, non-governmental organizations (NGOs), the scientific community, patient groups and the private sector. The approach to combating the epidemic has been unprecedented. For the first time, we learned to listen to victims and affected groups and to involve them in creating programmes.

We had to envision new partnerships, especially public-private ones such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Drug Purchase Facility (UNITAID). Ten years ago, many people thought that because access to treatment was too expensive, it was not the solution. However, we believed in it. France believed in it and, at the Group of Eight (G-8) Summit at Gleneagles, we committed to working towards universal access to treatment. Along with financing, we also had to work on attitudes. The role of NGOs and patient groups was a determining factor, and it is for that reason that we continue to defend their role and their right to be heard.

All this progress brings hope. But we must not stop at the halfway mark. The fight against AIDS is entering a decisive stage. We must not let up in the struggle and risk seeing our gains nullified. For every person started on treatment, two new people are infected. The epidemic continues to advance and we have not yet managed to catch up with it. How can we allow this when by now we well understand how it is transmitted?

Prevention is essential. For the first time in the history of the fight against HIV/AIDS, current scientific knowledge allows us to conceive of a world free of new infections 20 to 30 years from now. That world, free of new infections, should be our goal, just like that of access to treatment for all victims. We can hope to achieve the goal of zero new infections. But to reach that, we have much more to do, particularly regarding vulnerable groups.

Women and adolescents, who are the first to be affected by the epidemic, are often among the forgotten. It is crucial that their sexual and reproductive rights be guaranteed. They must have access to comprehensive information and health services geared to their needs. They must be able to have full control of their bodies and free choice in their sexual and conjugal life. It is difficult to touch on all the vulnerable groups without leaving some out. But I would like to mention drug users, prostitutes, migrants, prisoners and the disabled. Such people often have no access to information and are left on the sidelines by health programmes. I would also like to emphasize the importance of risk-reduction policies, particularly for drug users. Then there are men who have sexual encounters with men; homosexuals; and transgender persons. These are undoubtedly the groups that suffer most from discrimination and stigmatization, and who are too often missing from policies aimed at combating HIV/AIDS. In that regard, we also reiterate our call for the decriminalization of homosexuality.

We hope that the draft declaration (A/65/L.77) that will be adopted at the end of this Meeting of the Assembly will reflect significant progress for all these vulnerable groups. The Secretary-General's report (A/65/797) confirms that, too often, national plans do not target such groups.

Prevention is also achieved by eliminating mother-to-child transmission. In order to be effective, these programmes, which France supports, require integrating activities to prevent mother-to-child transmission with reproductive health. And these are not the only measures: prevention is also achieved through research, such as the search for a vaccine, and through treatment used as a prevention tool — because treatment, care and support complement prevention. Ten million victims were still waiting for treatment in 2010. We must endorse the goal of access to treatment set by the Secretary-General. That is the aim we have set ourselves: that every victim deserves treatment. Screening must be coupled with the ethical principle of offering systematic treatment, and ensuring continuity of care is equally essential. Its implementation by States via robust health care systems and universal coverage, with free treatment, is thus a crucial element.

In order to achieve the goal of universal access, we fully realize the necessity of pursuing existing methods of financing and finding new and additional sources as well. France has committed to allocating an additional €60 million a year to the Global Fund, bringing its total contribution to €360 million per year. We are convinced that the ongoing reform will allow us to go even further. We urge those countries that have not yet contributed to join the collective effort. We will also continue to support UNITAID and to urge for an airline-ticket tax worldwide.

France also encourages the production of generic medicines and the implementation of new instruments that can facilitate access to treatments. The establishment of a patent pool, to which the G-8 countries have already committed at Deauville, is one such instrument. Research must also work on finding products that are more effective and financially accessible for every country. Access to treatment is still far too costly, and is a major obstacle to universal access.

Today we have the advantage of a group of organizations that all have precise and complementary roles: the funds of the Global Fund and UNITAID; the Joint United Nations Programme on HIV/AIDS for the human rights and coordination aspects, whose strategy we support fully; and the World Health Organization for its standard-setting. It is crucial that these entities cooperate closely. The fight against HIV/AIDS, we should remember, is the collective responsibility of donors, international organizations, NGOs and actors on the ground, as well as of the countries that benefit, which must guarantee the good use of funding.

Mr. Mac-Donald (Suriname), Vice-President, took the Chair.

No progress can be possible without genuine political will. That is why we are meeting here. France therefore solemnly reiterates its commitment to viewing the fight against HIV/AIDS as a major priority and to continuing to do all it can to make universal access a reality at last.

The Acting President: I now give the floor to Mr. Rainer Engelhardt, Assistant Deputy Minister of the Infectious Disease Prevention and Control Branch of the Public Health Agency of Canada.

Mr. Engelhardt (Canada) (*spoke in French*): Canada welcomes this important opportunity to assess the progress made in realizing the goals of the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the 2006 Political Declaration (resolution 60/262). We can be proud of our many accomplishments. Collectively, we have made great gains in increasing access to treatment and decreasing the incidence of HIV. All over the world today, there is a greater recognition of the importance of an environment that enables us to reduce stigmatization and discrimination, and to protect the rights of people living with HIV/AIDS.

Despite these successes, many political, social, economic and scientific challenges remain. Progress has not been evenly distributed around the globe. Universal access to HIV prevention, as well as treatment, care and support, remains out of reach in many countries and among certain populations. Canada is committed to achieving universal access to these services. We recognize that to achieve the goal of universal access, a comprehensive, integrated and coordinated response to HIV and AIDS is needed.

(*spoke in English*)

Canada recognizes that if global action to fight HIV/AIDS is to be successful, it must be evidence-informed and built on a foundation of diversity, respect for human rights and gender equality. The value of local knowledge, lived experiences and the meaningful inclusion of people living with HIV/AIDS is vital to achieving that success. By working with partners and aligning itself with developing countries' Governments, Canada is fighting HIV/AIDS in a harmonized way, to reach those at risk more efficiently. We have demonstrated our commitment by providing $783 million between 2005-2006 and 2009-2010 for HIV/AIDS prevention, treatment, care and support programs in developing countries.

The Government of Canada also recognizes that prevention remains the most effective tool to address HIV and AIDS. Finding more effective methods of prevention is the best way to mitigate the human and financial costs of the epidemic. The Government of Canada is investing in new methods of prevention. We strongly support the development of a safe, effective, affordable and globally accessible HIV vaccine through the Canadian HIV Vaccine Initiative. Canada will continue to seek innovative partnerships in research and laboratory sciences in order to further prevention efforts.

Preventing the transmission of HIV from mothers to children is a component of Canada's contribution to the Group of Eight (G-8) Muskoka Initiative on Maternal, Newborn and Child Health. In June 2010, Canada led G-8 and non-G-8 leaders in committing $7.3 billion to mobilizing global action to reduce maternal and infant mortality through the Muskoka Initiative. Canada will provide $1.1 billion in new funding over the next five years. Canada is also providing $1.75 billion in ongoing spending on maternal and child health programming, for a total contribution of $2.85 billion over five years.

Last September, the Secretary-General launched the Global Strategy for Women's and Children's Health. To support the Strategy, the Secretary-General asked the World Health Organization to establish a Commission on Information and Accountability on Women's and Children's Health. Canada was honoured to have co-chaired the Commission with President Kikwete of the United Republic of Tanzania.

The Commission has moved quickly to identify 10 practical recommendations that will improve the tracking of resources and the measuring of results for accelerated progress on women's and children's health. The Commission's work was greatly informed by the experience of the HIV/AIDS response. In selecting the prevention of mother-to-child transmission as one of the tracer indicators for women's and children's health, the Commission has sent an important signal regarding the need for the integration of health services.

The launch, at this meeting, of the Global Plan towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive underscores that the world has an unprecedented opportunity to prevent new HIV infections among children, and keep mothers and children infected with HIV healthy and alive.

Canada's domestic response has taken into account the specific needs of populations disproportionately affected by HIV, including indigenous peoples, men who have sex with men, people who use drugs, people living with HIV/AIDS, people from countries where HIV is endemic, women at risk, youth at risk and people in prison. The Government of Canada plans to invest more than $91 million this year to support vaccine development and domestic prevention, diagnosis, treatment, care and support programmes for these key populations. We are also looking at the ways in which social, cultural and economic factors can make some people more vulnerable to HIV infection and how those factors affect the quality of life of people living with HIV/AIDS.

Both domestically and globally, Canada is working to overcome the stigma and discrimination faced by those living with, or at risk of, HIV and AIDS. We are also committed to decreasing the number of infections among women and girls and to eliminating all forms of violence against women and girls.

Furthermore, Canada supports programmes that empower people to make informed decisions about their sexual and reproductive health. Global action will only be successful if we work together. Success will be measured by how well we prevent the further spread of HIV and other related infections and how we support people living with those diseases.

It has now been 10 years since we adopted the Declaration of Commitment. Since then, we have truly accomplished a great deal. But we cannot afford to be complacent. Through universal access to prevention, care, treatment and support, we, the international community, are capable of meeting our targets and reversing the negative impacts of HIV and AIDS.

The Acting President: I now give the floor to the His Excellency Mr. Hasan Abdul Rahman, Director-General of Health of Malaysia.

Mr. Hasan (Malaysia): At the outset, allow me to thank the President for having convened this High-level Meeting. It is timely indeed that we meet 10 years on from the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and five years from the 2006 Political Declaration (resolution 60/262), as well as 30 years since the start of the HIV/AIDS epidemic. We are now only a few years away from the deadline for the goal of halting and reversing the spread of HIV/AIDS by 2015.

In spite of major progress in terms of access to treatment and a 25 per cent reduction in new HIV infections over the past 10 years, as mentioned in the Secretary-General's report (A/65/797), HIV/AIDS remains a global challenge, and stopping and reversing this epidemic requires progress in all regions of the world. Malaysia remains committed to achieving this.

By the end of 2010, Malaysia had reported a cumulative figure of 91,362 HIV cases, 77,064 reported to be living with HIV. We have noted a consistent downward trend in newly reported HIV cases, with the 2010 figure at 12.8 per 100,000 of the population. The Government aims to reduce new HIV cases to 11 per 100,000 people by 2015. We believe that this target is achievable.

Over the years, Malaysia's response to HIV has been characterized by strong political commitment and a policy of openness about the epidemic. This openness has enhanced productive dialogue, at the levels of both programme development and implementation. Malaysia has had several national strategic plans on HIV and AIDS; that for 2006-2010 saw the Government allocate $30 million per annum during that period. We are at the stage of implementing the 2011-2015 plan, which will continue to place strong emphasis on strengthening the multisectoral collaboration undertaken under the previous plans. We estimate that an additional $170 million is needed for its implementation, with almost 60 per cent of that amount going towards antiretroviral treatment.

Allow me to share some of the steps that have been successful in Malaysia. First, a harm-reduction initiative for injecting drug users was adopted, comprising a needle syringe exchange programme and methadone substitution therapy. This initiative was allocated approximately $90 million between 2006 and 2010. Besides public and private facilities delivering methadone, the Government has taken initiatives to extend services to prisons and drug rehabilitation centres. The last integrated bio-behaviour surveillance study, conducted in 2009, showed that the percentage of people who injected drugs and used sterile needles was 85 per cent.

Secondly, another significant contributory factor to the downward trend in newly reported HIV cases in Malaysia has been the initiative to prevent mother-to-child HIV transmission. Introduced in 1998, this programme has been successful in reducing vertical transmission to 3.8 per cent.

Thirdly, the provision and access to antiretroviral treatment is an essential component in delivering services to those infected with HIV. Access to cheaper drugs has made a major contribution in enabling countries such as Malaysia to expand treatment options and capabilities. To improve coverage and accessibility to antiretrovirals, the Government has extended services to deliver antiretrovirals to people living with HIV in prisons and drug rehabilitation centres. By the end of 2010, about 13,981 people living with HIV were on antiretrovirals, based on a CD4 cell count of 250 — some 93 per cent coverage.

Fourthly, the Government has been working closely and in partnership with non-governmental organizations (NGOs) to ensure that the populations at greatest risk have access to HIV/AIDS-related information, testing and counselling and prevention commodities. Since the establishment of the Malaysian AIDS Council, in 1992, as a coordinating body for NGOs, the Government has allocated about $25 million to such groups. We will continue to support our NGOs and to work with them in providing prevention packages and treatment options, delivering care and promoting support to them.

Finally, delivering correct and useful information on HIV is essential in assisting any country to fight this disease. In particular, young people should be given that information while they are at school, or even outside of school, in order to promote a healthy lifestyle and good moral values.

The President returned to the Chair.

Allow me to take this opportunity to thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for supporting Malaysia and providing assistance in the amount $12.5 million for the next five years. This funding will be channelled to the Malaysian AIDS Council, as a principal recipient, to scale up activities in implementing harm-reduction activities, in particular for the needle exchange programme, and in prevention activities for sex workers.

The Government of Malaysia has committed to providing a contribution of $100,000 to the Global Fund. While that amount is modest, it represents our strong commitment at the international level to combating HIV/AIDS.

Malaysia reiterates its call for prevention to remain the mainstay of the fight against HIV. Malaysia is committed to reaching zero new HIV infections, zero discrimination and zero AIDS-related deaths. Much has been achieved, yet even more work lies ahead for all of us in order to halt and reverse the HIV/AIDS epidemic.

The President (*spoke in French*): I now give the floor to Mr. Alexis Guilarte, Director-General of Health Programmes of the Ministry of the People's Power for Health of the Bolivarian Republic of Venezuela.

Mr. Guilarte (Bolivarian Republic of Venezuela) (*spoke in Spanish*): My delegation fully endorses the statement made yesterday by the Vice-Minister of Public Health of Paraguay on behalf of the Union of South American Nations.

The Bolivarian Republic of Venezuela would like to take this opportunity to reaffirm its irrevocable commitment to building an inclusive and humanistic society that strives to eradicate poverty, overcome inequalities and promote social justice. Our National Constitution is the philosophical foundation of the political plan being promoted by the Bolivarian Government, which is faithfully committed to the full enjoyment of liberty, justice, equality and solidarity.

In Venezuela the right to health care is enshrined in the Constitution and is framed by the principles of gratuity, universality, comprehensiveness, equity, social integration and multi-ethnic and multicultural relevance. The public policies of the Bolivarian Government have been hugely successful owing to their focus on rights, which has entailed the creation of public institutions that will guarantee respect for those rights and ensure their full enjoyment.

The action plan in place to date is a response to what has been considered as a concentrated epidemic, with an estimated prevalence of 0.33 per cent among the general population. The overall objective of the action plan is to improve the prevention of HIV/AIDS and of other sexually transmitted infections and to provide better comprehensive care at the national level. Consistent with that goal, the plan structures the national response around three main strategic areas, namely, prevention, care and epidemiological surveillance.

Today, we can point to several achievements under the action plan. For instance, HIV morbidity in Venezuela is estimated at 161,510 people. Some 11,000 new cases are reported annually, of which approximately 70 per cent of those afflicted are over 15 years of age. By 2008, Venezuela ranked fourteenth in HIV-related deaths. During that year, HIV-related diseases were the underlying cause of 1,632 deaths. Since 1982, mortality has been rising, but universal access to treatment has helped to stabilize the rate at an average of 5.84 per 100,000 population.

In operational terms, universal access in Venezuela is a reality and the free treatment and monitoring programme has served 37,827 people to date. Of the 35,893 people treated in 2010, 28 per cent were women, 73 per cent were men and 2.4 per cent were children under 15 years of age. All pregnant women living with HIV have access to antiretroviral drugs to prevent the vertical transmission of the virus. In 2010, 265 people received treatment and a total of 2,233 people were treated from 2001 to 2010.

The treatment protocol in Venezuela is comprised of 30 pharmaceutical dosage forms for 21 antiretroviral drugs. By 2010, the Bolivarian Government had spent approximately $64 million on antiretrovirals, in spite of the fact that it did not derive any economic benefit from that budget allocation. That investment, which was made without any donor funding, represented 2 per cent of the annual budget of the Ministry of the People's Power for Health. We wish to note that this trend in Government spending has since increased by 200 per cent. Approximately $96.2 million is invested annually in the diagnosis, monitoring and treatment of people living with HIV.

The participation of community organizations, agencies of the United Nations system and representatives of institutions and scientific and technical networks has been a constant in Venezuela's evolving response to HIV/AIDS.

The issue of drug resistance is one aspect of HIV treatment that has been given very careful attention in the national programme so as to ensure that up-to-date scientific data is available on resistance to antiretroviral drugs in Venezuela, which is estimated to be very low at less than 5 per cent. We are currently designing a research project to that end.

The Ministry of the People's Power for Health has maintained its commitment to achieve internationally agreed development objectives and goals, including the Millennium Development Goals, in particular the goal of halting and beginning to reverse the spread of HIV/AIDS.

Progress has been made in the strategy for countering HIV in Venezuela by holding a range of national consultations with, and activities for, people living with HIV, who are represented by community organizations. Efforts are made to ensure that the strategy is consistent with the best practices, strategies and achievements of international organizations involved. My delegation wishes to underscore that national plans and policies have been designed to be inclusive, with a view to eliminating the stigmatization of, and discrimination towards, vulnerable groups.

On the basis of scientific data and its cumulative experience at the national and global level, the Bolivarian Government has begun to develop its action plan for 2011-2015. The plan is adapted to our reality, thereby enhancing monitoring and evaluation activities at the local and regional levels. The Government is also taking a cross-sectoral and intra-sectoral approach to improving the quality of treatment, care and support services for people living with HIV and to strengthening its response to tuberculosis, sexual and reproductive health issues, sexually transmitted infections and maternal, neonatal and infant health. Furthermore, it is taking a cross-cutting approach to improving response in all areas related to the goals set for 2015. All of those initiatives are consistent with the elements of the draft final declaration (A/65/L.77) of this High-level Meeting.

The Bolivarian Republic of Venezuela urgently calls on the international community to support national plans and strategies for ensuring universal access to low-cost HIV/AIDS drugs. That is a sine qua non condition to radically reverse the mercantilist view of health by promoting the transfer of appropriate technologies and skills to developing countries in accordance with their needs and national realities.

In conclusion, on the occasion of the bicentennial of our great country's independence, the Bolivarian Government hopes for a more inclusive world that guarantees the right to development, with a view to creating the greatest happiness possible.

The President (*spoke in French*): I now give the floor to Mr. Oleksandr Fedko, Head of the Ukraine State Department for Countering HIV/AIDS and Other Socially Dangerous Diseases.

Mr. Fedko (Ukraine) (*spoke in Ukrainian; English text provided by the delegation*): HIV/AIDS is one of the greatest challenges to the development, progress and stability of States, and it demands an exceptional and comprehensive response at the national, regional and global levels. However, it should be noted that this challenge has received an unprecedented response from the United Nations system, Member States, the private sector and non-governmental organizations.

With regard to Ukraine, many international experts believe that our country can be a model of effective cooperation, in particular between the Government and various non-governmental organizations. It was not by chance that a representative of our country, Ms. Tatyana Afanasiadi, participated in the opening ceremony of this High-level Meeting.

Substantial progress has been achieved recently in creating the conditions needed for an adequate response to the spread of HIV/AIDS. At the beginning of this year, Ukraine joined a number of countries that repealed their respective travel restrictions on people living with HIV.

We share the optimism expressed by Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), with regard to the possibility of gaining full control over the epidemic, tackling it and reversing it. The reason for such optimism in our State is the understanding by the leadership of Ukraine of the urgency of taking effective measures to combat the spread of HIV.

Last year, the President of Ukraine, Viktor Yanukovych, issued a decree establishing the State Service of Ukraine for Countering HIV/AIDS and Other Socially Dangerous Diseases as a central executive authority institution dedicated to coordinating the efforts of all partners in combating the spread of HIV/AIDS. This is the best evidence of the attention and commitment by Ukraine's Government and President to combating HIV/AIDS.

I have the honour to deliver this statement to the General Assembly High-level Meeting on behalf of the President of Ukraine, which demonstrates his personal commitment to countering the epidemic.

Ukraine was among the States that initiated the convening of the historic special session of the General Assembly in 2001. Over the past 10 years, invaluable experience has been gained and significant achievements made in combating the HIV/AIDS epidemic.

Ukraine adopted a national strategy on HIV/AIDS as part of its national legislation. The strategy applies both to society as a whole and to every citizen individually.

Priority measures aimed at overcoming the HIV/AIDS epidemic in Ukraine include measures to prevent the spread of HIV/AIDS and provide treatment for patients with HIV/AIDS, in a context of respect for the rights of HIV-positive people and of tolerance by society. To that end, a law on overcoming the spread of diseases caused by HIV and on legal and social protection for people living with HIV was adopted and came into force in Ukraine in January 2011.

The contribution of civil society to combating the HIV/AIDS epidemic in Ukraine cannot be overestimated. We are proud of the fact that non-governmental organizations and, most importantly, HIV-positive people are the major partners of the Government of Ukraine in implementing its response to the HIV/AIDS threat.

Ukraine's success in combating HIV/AIDS is, to a large extent, due to the contributions of donors that are committed to and support the Global Fund to Fight AIDS, Tuberculosis and Malaria. It must be acknowledged that the Fund has become an unprecedentedly effective instrument that provides sustainable assistance focused on achieving the best possible results.

I would like to take this opportunity to express our sincere gratitude to all donors who provide us with assistance and continue to be reliable partners of Ukraine in its response to HIV/AIDS.

Ukraine has already achieved initial, encouraging results in combating the HIV/AIDS epidemic. Five years ago, Ukraine had the highest rate of HIV infection in Eastern Europe; today, it has the fourth-highest rate in the region.

Significant success has been achieved in the prevention of mother-to-child transmission of HIV, an area that is recognized as a priority in the national response to AIDS.

However, the situation regarding the spread of the disease remains alarming and difficult. There is still an upward trend in the number of people living with HIV/AIDS. We believe that in order to successfully fight the spread of HIV infection in Ukraine, further consolidation is needed with respect to the efforts of the Government and of society as a whole, as well as effective partnerships with the United Nations, bilateral donors and other organizations.

Ukraine reiterates its commitment to the Millennium Development Goals and reaffirms its obligations and spirit of solidarity in the global fight against AIDS. It is an ambitious task that requires unprecedented leadership and effort on the part of Ukraine. That is why we support the new "getting to zero" UNAIDS strategy for 2015 and the "countdown to zero" global plan for 2015 aimed at preventing new cases of HIV infection among children and at saving mothers' lives, as well as the new political declaration to be adopted at this High-level Meeting.

The President (*spoke in French*): I now give the floor to Mr. Mustapha El-Nakib, Director of the National AIDS Programme of Lebanon.

Mr. El-Nakib (Lebanon) (*spoke in Arabic*): At the outset, we would like to express our appreciation to the President of the General Assembly for having convened this important meeting to promote international efforts to respond to HIV/AIDS, whose destructive consequences have spared no region or continent. In this regard, we express our appreciation for the efforts of the President of the General Assembly and of all those who have worked to make this conference a reality and a success.

The Lebanese Government, which participated in the drafting of the international recommendations for responding to HIV/AIDS that resulted from the June 2001 special session of the General Assembly on HIV/AIDS, is still working to implement those recommendations and submits annual reports in that regard. We reiterate our commitment in that regard.

We have also worked to achieve universal access under a United Nations programme that requested States to implement national strategies, plans, services and projects. In 1997, the Government of Lebanon provided triple drug therapy to people living with HIV/AIDS and in need of treatment, in line with national protocols. We also provided full coverage for Palestinian refugees living with AIDS on Lebanese territory and in need of treatment. We are still working to provide treatment to people of other nationalities living with HIV/AIDS on Lebanese territory as a result of force majeure.

The role of the Government of Lebanon is not limited to providing treatment but includes a whole range of measures in response to HIV/AIDS. In that context, it established the national programme to combat AIDS under the Ministry of Health, in cooperation with the World Health Organization. The programme carries out many activities aimed at raising awareness about HIV/AIDS prevention, providing medicines, treatment and tests, and carrying out evaluations. We have set aside a special budget to ensure the success of the plans and projects. The programme was developed in cooperation with international and local entities and specialists, which contributed in various ways to its implementation in a manner commensurate with national requirements. With respect to international actions, Lebanon created a three-year plan on HIV/AIDS with the participation of stakeholders, including civil society, United Nations agencies, non-governmental organizations (NGOs) and the relevant ministries.

Lebanon's response to HIV/AIDS is not limited to the Government's efforts. Effective partnerships among civil society and NGOs have benefited from the vitality and openness of Lebanese civil society, whose openness and willingness to help others has helped the national HIV/AIDS programme, in particular with respect to its efforts in the health-care sector, to reach the most vulnerable segments of the population. The national programme plays an important facilitating role in cooperation with the NGOs. It has been successful in all areas of response and has reached a number of people, in particular those who have been marginalized.

Through the national programme to combat HIV/AIDS, the Lebanese Government has created conditions conducive to NGOs carrying out their work and has provided them with technological assistance and funding. The Government has provided the resources necessary to implement the national programme on the ground in order to effectively combat the epidemic. The national programme also developed training programmes within and outside Lebanon for personnel working in this field. In this context, Lebanon has access to two regional NGO networks of the Middle East and North Africa to limit the spread of HIV/AIDS; the latter recently received an important grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

While the Lebanese people are aware of and knowledgeable about HIV/AIDS, modes of transmission and prevention, many of those affected by HIV/AIDS continue to suffer from stigmatization and discrimination. Despite previously adopted laws that promote stigmatization and discrimination, the Government, in cooperation with the NGOs, has worked to overcome those obstacles so as to reduce stigmatization and discrimination with respect to the disease and people living with HIV/AIDS, in particular the most vulnerable groups, including sex workers, homosexuals and people who use drugs.

The national programme to combat HIV/AIDS worked to establish these NGOs in close cooperation with civil society, and it has provided them with material and technical support. It also included them in the NGO network that is working to respond to HIV/AIDS and established full partnerships among them, the national programme and other organizations, in particular those organizations that work with people living with the virus, including homosexuals and drug users. This has contributed to decreased stigmatization of and discrimination against such persons. In addition, their representatives now play leading roles in the development of national strategies, especially in the area of reducing risk and increasing awareness and the availability of counselling in the context of HIV/AIDS.

We wish to note that the Government of Lebanon has adopted a stance on decreasing the risk of HIV transmission. For that reason, it established a committee composed of medical specialists, representatives of the relevant ministries and activists in the field. The committee has drawn up a number of plans, including a protocol for certain medications. Currently we are working on other projects, including needle-exchange programmes to reduce the risk of HIV infection among injecting drug users.

The greatest achievement of the national programme to combat HIV/AIDS is the voluntary HIV testing programme for the most vulnerable groups, which is also carried out in certain remote areas. The programme includes counselling before and after testing, and also provides scientific training and presentations on development issues to cadres and NGOs.

I would like to conclude by emphasizing the importance of human rights, especially freedom of belief and expression, which is a pillar of our society. Lebanon works with all of its partners to protect these rights and to ensure that our laws conform to the requirements of a response to the HIV/AIDS epidemic. We support the creation of civil society groups on this issue.

The openness of Lebanese society and its willingness to follow up on its ideas will assist in its development, as in the past. We commend the Assembly for the success achieved in the fight against HIV/AIDS. We know that there is still much to do in order to respond effectively to this disease. Our success depends upon political will.

The President (*spoke in French*): I now give the floor to Mr. Gabriel Thimothé, Director General of the Ministry of Public Health and Population of Haiti.

Mr. Thimothé (Haiti) (*spoke in French*): The Republic of Haiti is proud to join the Governments of the States parties to the June 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) to inform the Assembly of the progress achieved since the last stocktaking of 2008.

We would like to stress that our country understood right from the beginning that a cross-cutting response to the HIV/AIDS issue must be supported by political will. Tremendous efforts have been made to mitigate the consequences of the pandemic. However, despite the determined commitment of all relevant stakeholders, Haiti remains at the stage of a generalized epidemic, with a prevalence rate of 2.2 per cent. We have noted also a clear increase in the rate of women infected by HIV, with an attendant increase in mother-to-child transmission. That trend has an impact on socio-economic development owing to the demographic and socio-economic importance of Haitian women.

Two major natural disasters — the earthquake of 12 January 2010 and the cholera epidemic — exacerbated the health situation by imposing constraints and jeopardizing the progress achieved. However, with a firm commitment at the highest level of the State and the support of our local and international partners, we have been able to address the problem by taking appropriate action. We are aware of the scope of the challenges to be met, but our strong resolve, based on a broad consensus and a participatory approach, has allowed us to achieve tangible results in the combat against HIV/AIDS.

In 2010, the number of people tested rose to 431,223, at 166 voluntary testing sites, and the number of centres focusing on the prevention of mother-to-child transmission rose from 94 in 2008 to 125. Also in 2010, around 140,000 pregnant women who visited prenatal clinics were tested for the virus.

In terms of clinical and therapeutic treatment, 28,667 active patients have been placed on antiretroviral treatment, close to the set goal of 30,000 patients benefiting from the treatment. To ensure the quality of the health care provided to people living with HIV, HIVQUAL, a performance-measurement strategy, has been implemented at 19 locations since 2008. At a conference on the quality of health care held in Namibia in March 2011, Haiti was awarded an excellence award for its performance in terms of treatment and care.

Prevention activities have been stepped up, targeting as a priority young people, sex workers, and men who have sex with men. Communications strategies aimed at behaviour change include outreach services and the use of popular theatre.

In the area of respect for human rights, the fight against discrimination and stigmatization is being waged through the strengthening of associations of people living with AIDS, with the backing of civil society organizations, leading to a more supportive environment. Greater involvement of persons living with HIV at the Country Coordinating Mechanism level and in other areas has created an irreversible momentum towards social inclusion.

The challenges are vast, despite the significant progress made. We must improve the quality of prevention and treatment services and guarantee universal access to treatment. We will need to focus our efforts on the better coordination of actions and the rationalization of available resources, which will depend on the extent to which the multisectoral approach is taken up by all governmental stakeholders, working synergistically with civil society for a more coherent national response.

Decentralization of activities remains imperative in order to revitalize the fight against AIDS. The draft law on AIDS will be revised and submitted to Parliament for ratification. Concurrently, we will do our utmost to ensure the effective functioning of the national commission for the fight against AIDS, whose main mission is coordinate the national response at the policy and strategic levels.

The Republic of Haiti reiterates its commitment to working to eliminate mother-to-child transmission and congenital syphilis in the Americas by 2015.

The Haitian Government takes this opportunity to thank the Governments of friendly countries for their invaluable support. We thank the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United States President's Emergency Plan for AIDS Relief; the agencies of the United Nations system; and all those that are contributing to the continued successful fight against AIDS in Haiti.

However, despite the efforts made and the successes achieved, major challenges remain. The Republic of Haiti will continue the fight with the same intensity, commitment and determination.

The President (*spoke in French*): I now give the floor to the observer of the European Union.

Mr. Serrano (European Union): I have the honour to speak on behalf of the European Union and its Member States.

The candidate countries Turkey, Croatia, the former Yugoslav Republic of Macedonia; the countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia; as well as Ukraine, the Republic of Moldova and Georgia, align themselves with this declaration.

In 2001 — and again in 2006 — we came together here to demonstrate to the world our commitment to the global fight against HIV/AIDS.

During the last decade, the number of people newly infected with HIV has declined by 19 per cent, more than 6 million people are receiving antiretroviral therapy in low- and middle-income countries, and the number of AIDS-related deaths has declined by 19 per cent. Those are tremendous achievements, and the European Union (EU), which provides over 30 per cent of global funding to fight HIV in low- and middle-income countries, is proud to have contributed to it.

Despite these successes, there is no room for complacency. The HIV/AIDS epidemic remains a global challenge requiring continued political commitment and a sustained, long-term response. That is why we are gathered here to renew and reaffirm that commitment at the highest level.

The European Union and its member States believe that prevention is key if we want to build a world with zero new HIV infections. To reach this ambitious target, the key drivers of the HIV epidemic have to be identified and addressed. We need a comprehensive approach in order to address, for example, harmful gender norms, gender-based violence and poverty.

Women represent the majority of all people living with HIV, especially in sub-Saharan Africa. Revolutionizing HIV prevention requires concrete progress towards gender equality and the empowerment of women.

Access to sexual and reproductive health services should be regarded as a key entry point for the prevention of HIV and to strengthen maternal, newborn and child health and actively prevent vertical transmission. Furthermore, access to comprehensive sexuality education — for both boys and girls — and access to commodities, in particular, male and female condoms, are vital. A special and continued effort is needed to empower young people with knowledge and services.

The European Union and its member States are deeply concerned that inadequate attention is being paid to the prevention needs of key populations at higher risk. The world will not be able to sharply lower the rate of HIV transmission without paying special attention to the prevention needs of these groups, in particular men who have sex with men, injecting drug users, and sex workers and their clients.

National ownership is critical to ensuring the alignment of and optimal synergy among international and domestic resources for HIV/AIDS and the health sector. There is an urgent need to scale up efforts to strengthen health-care systems. At a time when HIV itself is becoming for many a chronic disease and when people living with HIV are increasingly affected by non-communicable diseases, we need to work towards further strengthening multisectoral approaches and policy coherence, including through integration with other health responses and diseases such as tuberculosis, hepatitis and malaria.

We cannot ignore the fact that we live in a resource-constrained world. Long-term policies for sustainable health financing are needed to increase the number of people accessing prevention, treatment, care and support, as well as to ensure that the poorest and most affected are reached. Here, we want to recognize the achievements of global health initiatives and funds, notably the Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Drug Purchase Facility, as key complements to our support to countries.

We have to think creatively. Innovative financing mechanisms have shown their relevance and effectiveness in the fight against HIV/AIDS, and we need to explore new mechanisms, such as the Medicines Patent Pool, to achieve our ambitious commitments.

The EU and its member States also reiterate the importance of fundamental legal and human rights. We welcome the commitment of the General Assembly to end stigma and discrimination for people living with, affected by or vulnerable to HIV.

I wish to conclude by reaffirming our strong political commitment to reach universal access targets in line with the Millennium Development Goals and to ensure continued support with an eye to 2015 and beyond.

The President (*spoke in French*): I now give the floor to the representative of the Dominican Republic.

Mr. Cuello Camilo (Dominican Republic) (*spoke in Spanish*): I should like to begin by conveying to the Assembly the apologies of the First Lady of the Dominican Republic, Ms. Margarita Cedeño de Fernández, who was determined to be here with us and address the Assembly, but was unable to do so for reasons beyond her control. I shall now read out this statement on her behalf:

> "The Dominican Republic reaffirms the commitments made in the Declaration of Commitment on HIV/AIDS of 2001 (resolution S-26/2) and the Political Declaration on HIV/AIDS of 2006 (resolution 60/262); recognizes the relevance of the adoption of a political declaration on HIV/AIDS within the framework of this Meeting, and gives the issue of HIV/AIDS high priority on its national agenda, as part of its efforts to tackle poverty and promote the country's social and economic development.
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> "Under the guiding principles of the United Nations the draft resolution is mobilizing its resources to address HIV/AIDS, pursuant to the fundamental principles of the 'Three Ones' of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and with the aim of achieving target 7 of Goal 6 of the Millennium Development Goals, which was the goal with respect to which the Dominican Republic had its best results, as presented in September last year under your presidency, Sir.
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> "Since the Caribbean region is the region of the world second-most affected by HIV/AIDS and includes the island of Hispaniola, which has about 80 per cent of the HIV/AIDS cases recorded in the Caribbean, it is a matter of urgency for the Dominican Republic to step up national and international efforts to reduce the epidemic's prevalence. Special attention must be given to the general population, without excluding vulnerable groups such as, among others, sex workers, drug users, residents of bateyes and poverty-stricken areas, since the epidemic is concentrated in those population groups.
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> "Recognizing the importance of respect for the human rights of people living with HIV/AIDS, in May the Dominican National Congress passed the Dominican Republic HIV/AIDS Act, assuring the individual guarantees that are essential in the framework of the national response to this scourge.
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> "Aware that the full attainment of human rights and fundamental freedoms for all is an essential element in the national response to HIV/AIDS, particularly regarding prevention, care, support and treatment, the Dominican Republic is widely promoting the reduction of stigmatization and discrimination against people living with HIV and AIDS, with an emphasis on the workplace. We are thus complying with the provisions contained in the International Labour Office's Recommendation Concerning HIV and AIDS and the World of Work (No. 200), the first international human rights instrument dedicated to HIV/AIDS in the workplace, adopted in 2010 in Geneva.
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> "Emphasizing the importance for our country of equal access to education for children orphaned or rendered vulnerable by HIV/AIDS, since 2006 the Dominican Republic has had in place a national policy for children and adolescents orphaned or made vulnerable due to HIV/AIDS, and, through the Ministry of Education, is implementing the provisions of the 'Prevention through education' Declaration adopted in Mexico in 2008, according to which we are creating and implementing sex education policies at all education levels.
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> "Confirming the Dominican Republic's commitment to achieving the universal access targets, since 2008 the percentage of people living with HIV/AIDS who are receiving antiretroviral therapy has been growing. In the case of pregnant women living with HIV, we have increased supplies of antiretroviral drugs, thus helping to prevent mother-to-child transmission of HIV.
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> "Emphasizing the importance for the Dominican Republic of the national response to HIV and AIDS is the fact that 7,000 people living with HIV/AIDS have been brought into the Dominican social security system, promoting social security's progressive development in ensuring universal access to adequate protection against illness, disability, unemployment and old age, as our Political Constitution envisages.
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> "Taking into consideration the dire consequences of the earthquake that devastated our neighbouring country Haiti, the Dominican Republic has intensified its efforts to devise a response to HIV and AIDS from a bi-national perspective, acknowledging that such health

> conditions recognize neither national borders nor social and cultural barriers and political and administrative divisions.
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> "Underscoring the vital role played by the Global Fund to Fight AIDS, Tuberculosis and Malaria in our countries' national responses to HIV/AIDS, the Dominican Republic urges the international community to contribute to the Fund's sustainability and to ensure the availability of financial resources accessible to developing countries, which would contribute to those countries' own efforts, thus producing an effective response to HIV/AIDS, including guaranteed antiretroviral treatment for those persons living with HIV/AIDS who need it.
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> "One of the principal interests of the Dominican Republic is to guarantee to those living with HIV or AIDS the full enjoyment of their human rights and fundamental freedoms; access to health care, inheritance rights, work, social services, prevention, support, treatment, information and legal protection; while respecting, among other things, their privacy and the confidentiality of their HIV status. The Dominican Republic therefore wholeheartedly endorses the UNAIDS slogan 'Zero new HIV infections, zero discrimination and zero AIDS-related deaths', welcomes this important High-level Meeting, and joins in the efforts of the international community to seek alternative means of financing and aid that will allow us once and for all to contain and eradicate a pandemic that has so hampered our peoples' development."

The President (*spoke in French*): I now give the floor to the representative of Andorra.

Mr. Casal de Fonsdeviela (Andorra) (*spoke in French*): At the outset, I would like to congratulate the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and his team, who have prepared this High-level Meeting and done excellent work on the ground. I would also like to acknowledge the important work done by the Secretary-General, who, through his annual reports, compels us to reflect and leads us to action.

We all know that despite the progress made in the 30 years of the AIDS epidemic's existence, the international community must continue its efforts and renew the 2006 commitment. It is also true that perhaps now we should put pressure on countries that have not completely fulfilled all their commitments. Apart from this issue, we are all agreed that to achieve universal access we must find long-term, sustainable and inclusive solutions. This is a responsibility shared among Member States and civil society. We must continue to create partnerships between the private sector, Governments and international organizations. In this struggle it is essential that we raise awareness among and engage young people, and exploit all the power of new technologies.

I should mention that Andorra has worked to implement the Declaration of Commitment on HIV/AIDS of 2001 (resolution S-26/2) and the Political Declaration of 2006 (resolution 60/262). My country is committed to this fight, and I can assure the Assembly that we are lending our full political and budgetary support to help the UNAIDS strategy succeed.

(*spoke in Spanish*)

I am pleased to announce that on 20 October, the Government of Andorra eliminated the requirement of medical tests, including HIV/AIDS, for those wishing to live in our country. We have thus done away with any possibility of discrimination based on HIV/AIDS and complied with the objectives contained in the Secretary-General's report (A/65/797).

As participants can see, we have made progress, and I believe that we will continue to do so. Moreover, I would like to report that in our country, care of AIDS patients is provided through a completely free health and social security system. I also wish to state that in 2004, we launched epidemiological monitoring for HIV and AIDS cases, which has become a key guideline for our preventive policies. All epidemiological monitoring data are transmitted annually to the European Centre for Disease Prevention and Control.

With regard to education on HIV/AIDS in schools, in all the country's educational institutions Andorra holds systematically educational activities on the prevention of that and other sexually transmitted diseases and on the elimination of stigmatization. Furthermore, the Ministry of Health and Welfare provides free and confidential diagnostic testing to young people. In 2006, the authorities developed a prevention programme aimed at adolescents and young people for the period 2006-2010 to provide information on, and to disseminate measures to eliminate the spread of, those diseases. That programme is currently being evaluated.

We in Andorra are very active in the area of international cooperation against HIV/AIDS. In addition to our contribution to the Organization's funds and programmes, including UNAIDS, in recent years we have financed four development cooperation projects in the Congo, Cameroon, Malawi and the Dominican Republic. In Cameroon, special importance has been accorded to psychological and social treatment for children orphaned by or vulnerable to AIDS.

The statements that have been made in this important forum make clear that we are definitely on the right track. It is now a matter of keeping up the pace and of continuing our constant monitoring.

The President (*spoke in French*): I now give the floor to the representative of Iceland.

Ms. Gunnarsdóttir (Iceland): I would like to welcome the report of the Secretary-General (A/65/797) on the progress made towards realizing the targets set out in the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and on what remains to be done. Iceland fully supports the recommendations contained in the report as well as the draft declaration (A/65/L.77) to be adopted at the end of this Meeting.

Much has been achieved in the combat against AIDS. Many HIV programmes have led to a decline in global HIV incidence. Access to treatment has greatly improved, and an unparalleled global movement has been mobilized to demand respect for the dignity and human rights of all who are vulnerable to and affected by HIV and AIDS.

However, as pointed out in the Secretary-General's report, those accomplishments, while promising, are insufficient and in jeopardy. Gender inequality, stigma and discrimination, including on the basis of sexual orientation, continue to undermine our efforts. Vulnerable groups, including men who have sex with men, sex workers and drug addicts, are often denied treatment. An unsustainable trajectory of costs and the effects of a global economic downturn also threaten progress.

Currently, Iceland is witnessing a steady increase in the number of HIV infections. That unfortunate development is linked mainly to intravenous drug abuse. Different approaches have been used to fight that trend, both by the Government and by non-governmental organizations, as well as by the private sector.

Drug addicts are a vulnerable group. They are hard to reach for preventive measures, care and treatment. The Icelandic Red Cross has recently established a mobile clinic that offers services directly to the most vulnerable drug addicts. The aim is to minimize the harmfulness of their lifestyle by providing them with clean equipment to prevent further HIV and hepatitis C infections among them.

Also, as we firmly believe that education and raising awareness are crucial to HIV prevention, students at the primary-school level receive education on reproductive health and rights, the use of condoms and protection. On the basis of youth educating youth, we have medical students reaching out to college students on those same issues. Recently, the public and private sectors launched a joint campaign nationwide promoting the use of condoms to prevent sexually transmitted diseases and HIV infections. Furthermore, youngsters have access to confidential medical testing and counselling at public-health clinics. Social media, such as Facebook, are used as a platform for guidance and counselling, and provide an opportunity for questions to be asked anonymously.

The health of women and girls is vital to the process of strengthening life-saving responses to HIV and AIDS. We therefore need to focus on achieving gender equality so as to ensure that women and girls do not bear a disproportionate burden of this epidemic, be it through infection, or as caregivers or victims of discrimination.

The promotion of human rights is key to our approach. That includes empowering women, which will also benefit their children. It also means respecting the rights and the dignity of vulnerable groups, such as men who have sex with men, sex workers and drug addicts.

Iceland remains committed to continuing the battle against the HIV epidemic both nationally and through international cooperation. No country can afford to look away. Only with concerted efforts can we remove the obstacles and eliminate this epidemic.

The President (*spoke in French*): I now give the floor to the representative of Monaco.

Ms. Picco (Monaco) (*spoke in French*): A series of historic events regarding the fight against the AIDS epidemic, declared almost 30 years ago, brings us together today in order for us to jointly continue to adapt policies so as to implement our commitments.

Today, the undeniable success of this global fight can be seen in the marked decrease in the number of people who are becoming infected and dying as well as in the acknowledgement of the need for respect for the dignity and fundamental rights of all who have been exposed to the virus. The political awareness that has helped to make the fight against AIDS a priority under Millennium Development Goal 6 must be further strengthened in this key period.

The Security Council's adoption of resolution 1983 (2011) on 7 June (see S/PV.6547) and the ambitious draft declaration (A/65/L.77) that we will adopt at the end of our deliberations reflects that renewed commitment and the crucial need to adopt an integrated and sustainable approach to the issue of HIV/AIDS.

While such encouraging progress is due partly to the 2006 pledge to ensure universal access to HIV prevention, treatment, care and support, together with increasing research, we must go even further to ensure those achievements and to bridge the gaps, since gender and geographical inequalities and discrimination persist. There are 33 million people living with HIV; 9 million are still awaiting antiretroviral treatment; and 7,000 people are dying every day, including 1,000 children.

As many others have said before me, an effective fight requires adequate, customary and innovative funding. They key is education, prevention and destigmatization. Encouraging trends among young people and the promotion of communication methods make it easier to uphold human rights.

The Government of the Principality reiterates its commitment to continuing its efforts in that regard. It wishes to pay special tribute to the leadership of the Secretary-General and of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and to assure them of its support, in particular in the effective implementation of their vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

As the UNAIDS roving ambassador and President of Fight AIDS Monaco, Her Serene Highness Princess Stephanie is personally involved in prevention and the fight against discrimination. In partnership with UNICEF, the Principality also contributes to the prevention of mother-to-child transmission as part of its international cooperation efforts.

We also wish to pay tribute to the efforts of UNAIDS in the fight against HIV/AIDS and other related infections, in particular the upcoming signing of a patent agreement with pharmaceutical companies that will facilitate access to generic medicines in developing countries.

The President (*spoke in French*): I now give the floor to the Mr. Henrique Barros, National AIDS Coordinator of Portugal.

Mr. Barros (Portugal): Portugal fully aligns itself with the statement delivered this morning by the representative of the European Union.

Portugal once faced one of the most widespread HIV epidemics in Western Europe. Three decades into the epidemic, however, considerable progress has been made. We were able to significantly decrease the number of AIDS cases and deaths, virtually eliminate mother-to-child transmission and dramatically decrease transmission among injecting drug users.

Portugal made substantial progress in promoting voluntary and free HIV testing for the general population and the most affected communities. We guarantee universal access to treatment. Knowing one's own epidemic is the major catalyst for success in fighting HIV.

In Portugal, the epidemic was driven mainly by unsafe drug-injecting practices, although all major vulnerable populations have been affected. There is still a high prevalence of HIV, not only among drug users, prison inmates, sex workers and migrants from highly endemic countries, but also among men who have sex with men, which is the only community facing a recent increase in the number of new diagnoses.

Our policies and preventive efforts incorporate a human rights-based approach and are centred on the best available scientific knowledge. The launching of a needle- and syringe-exchange programme in the mid-1990s, followed by the decriminalization of drug consumption and possession for individual use a decade ago, along with the country-wide spread of opioid-substitution therapy, including in prison settings, made an extraordinary difference in our fight against the epidemic.

Also important are efforts to scale up evidence-based options for drug-dependence treatment and funding for measures that address drug treatment and harm reduction, as endorsed by the World Health Organization and the United Nations. This scientific and human rights-based approach should also be the basis for abolishing ineffective compulsory approaches.

These initiatives require the active participation of drug users, which is assured by the creation of a supportive environment in which the criminalization of drug use and punishment of drug users is replaced by the provision of health and treatment services, and with programmes addressing tuberculosis, hepatitis-C and overdosing. Our objective is to reduce the number of new infections and ensure that more people receive the treatment and support they need, while ensuring the right to health, dignity, social protection and justice, as guaranteed by our Constitution and in line with our international human rights obligations.

We are fully aware of the fact that a successful HIV response demands adequate financing to ensure effective prevention, treatment, support and care, both in our own country and as part of global efforts. Treatment must be recognized as a major preventive intervention that influences the social dynamics of the epidemic beyond individual needs and rights.

Over the past five years, Portugal has doubled the number of people on antiretroviral treatment. This was a critical step in controlling the epidemic, but it also placed a major financial burden on our national health service. Antiretrovirals need to be affordable, and we urge the international community to find the means to ensure sustainable access to treatment without jeopardizing the larger health-care system.

During the 2006 High-level Meeting of the General Assembly on HIV/AIDS, Portugal reiterated its support for the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and emphasized the importance of political involvement at the highest level, the essential role of civil society and the central contribution of people living with HIV/AIDS. In 2008, Portugal again reaffirmed those commitments and called attention to the importance of implementing the Dublin and the Bremen Declarations and the need to monitor their implementation.

Allow me now to emphasize the central role played by people living with HIV/AIDS in shaping the Portuguese response to the epidemic, as well as the fundamental contribution of the Civil Society Forum and its organizations in fighting stigma and discrimination. We believe that this collaborative approach is the way to proceed if we wish to achieve a world with zero discrimination.

The achievements in the response to HIV, so dramatically expressed in the recent decline in new infections in some regions of the world, have been the result of strong international commitment and national leadership. In our globalized world, characterized by free trade and the free movement of people, regional cooperation is of the utmost importance, and the advantages of linguistic and cultural bonds cannot be disregarded. In fact, they can contribute to efficient partnerships and a more effective translation of principles and knowledge into practice.

Portugal is currently the coordinator of the AIDS programmes of the Community of Portuguese-speaking Countries. In 2007, we promoted the first meeting of national AIDS coordinators of the 27 European Union member States and neighbouring countries. These were, and remain, crucial opportunities for cooperation, mutual learning and a better understanding of appropriate solutions. We believe that they deserve to be replicated and expanded.

Bearing in mind the magnitude of the HIV epidemic, the impact of infection on the labour force and the challenging inequalities we face around the world, it becomes clear that scaling up all components of HIV prevention remains an urgent objective. In addition, HIV-2, a type of orphan infection, as well as HIV/tuberculosis co-infection and the reorganization of health services that it requires, call for renewed attention and innovative responses.

Last but not least, we cannot forget that persistent gender inequalities, prevailing gender stereotypes and gender-based violence play a fundamental role in increasing HIV risk and vulnerability. Therefore, we strongly believe that sexual and reproductive health and rights should be respected and promoted.

The President (*spoke in French*): I now give the floor to the representative of Belarus.

Mrs. Kolontai (Belarus) (*spoke in Russian*): For the past 30 years, humankind has fought the HIV/AIDS epidemic, which has claimed the lives of more than 25 million people. The scale of the global spread of the epidemic continues to be a source of grave concern. However, the initiatives and proposals we have heard in the Hall on uniting Member States and all stakeholders in their efforts to fight the disease inspire certain optimism.

We can realistically accomplish the tasks before us. The international community has the ability to put an end to the epidemic once and for all. In that context, Belarus has vested great hope in the global plan to eliminate mother-to-child transmission by 2015. The successful implementation of that plan will enable us to substantially improve the epidemiological situation in the world and help to enhance coordination of international efforts in that regard.

Despite significant progress in the fight against HIV/AIDS, the situation remains complex. In such circumstances, Belarus gives pride of place to issues related to the fight against HIV/AIDS by guaranteeing health care and sustainable socio-economic development for its people.

We are fine-tuning relevant national legislation. We are also implementing national HIV-infection prevention programmes, the main goals of which are to achieve universal access to HIV prevention, treatment, care and support. Plans are also being developed to stabilize and reduce the number of HIV infections, increase life expectancy and reduce the number of HIV/AIDS-related deaths by implementing a series of prevention and treatment measures.

Belarus actively involves all stakeholders in initiatives to fight the spread of HIV/AIDS, including United Nations agencies, civil society and organizations of people living with HIV/AIDS.

The National Inter-Departmental Council on the Prevention of HIV Infection and Sexually Transmitted Infections has designed and launched a country coordinating mechanism to work with the Global Fund to Fight AIDS, Tuberculosis and Malaria. This mechanism has enabled Belarus to effectively implement its national HIV-infection prevention programmes and international technical assistance projects financed by the Global Fund.

Overall, thanks to those legislative refinements and organizational and preventive measures, Belarus has managed to contain the spread of HIV infection. Over the past decade, Belarus has made substantial progress towards achieving the goals established in the Declaration of Commitment on HIV/AIDS (resolution S-26/2). Efforts to curb the rapid spread of HIV infection are at an important stage.

Political support, as well as increased State funding and grants from the Global Fund, have allowed us to achieve significant success in providing access to HIV prevention and treatment services. In Belarus, all those who need antiretroviral therapy are guaranteed access.

Systematic efforts to prevent mother-to-child transmission were instrumental in reducing vertical transmission by 3 per cent in 2010. The number of AIDS-related deaths has fallen by half since 2006. Active outreach and preventive work is under way with young people, who are the main group at higher risk of HIV infection, including the creation of centres specialized in working with that segment of the population. We have developed a single outreach strategy for HIV/AIDS that takes an innovative approach to raising awareness of prevention campaigns.

We have reviewed the legal framework for the provision of medical assistance to people living with AIDS. However, we still have a long way to go. To that end, Belarus has adopted a national HIV-prevention programme for the period 2011 to 2015, which includes events and measures to move forward with the fight against HIV/AIDS. In other areas, we look forward to receiving continued support from United Nations system organizations and specialized agencies, which have been working closely with the World Health Organization to assist with national measures to develop and implement HIV/AIDS prevention strategies.

Belarus supports the adoption of the draft political declaration on HIV/AIDS (A/65/L.77), which outlines further steps in the fight against the epidemic. Together with all other stakeholders, Belarus will play an active role in the implementation of the measures planned to fight the epidemic and will continue to do its part in global efforts to reverse the spread of HIV/AIDS.

The President (*spoke in French*): I now give the floor to the representative of New Zealand.

Ms. Cavanagh (New Zealand): We meet this week, three decades into the AIDS pandemic, to review progress and chart the future course of the global response.

We are at a crossroads. Action at international and national levels is making a difference. The global commitment has been unprecedented, but the epidemic is outpacing the response and costs are increasing. We need to reinvigorate our collective efforts to ensure that the gains of the past decades are not lost. New Zealand therefore welcomes the successful conclusion of negotiations on a draft outcome document (A/65/L.77) that builds on the 2001 and 2006 Declarations.

In New Zealand, the prevalence of HIV infection is very low, with the main risk of transmission being sexual contact between men. We recognize, however, the challenges to achieving the goal of universal access and the global vision of a world with zero new HIV infections, zero AIDS-related deaths and zero discrimination.

A comprehensive approach is needed. As a starting point, we support the extension of the time frame for achieving universal access to 2015. There is a need for better integration of HIV/AIDS interventions with other health programming, in particular sexual and reproductive health. Last year's Millennium Development Goals (MDGs) outcome document (resolution 65/1) emphasized the importance of strengthening health systems, because health is a cross-cutting issue that has an impact on the achievement of all MDGs. In that regard, addressing HIV within the broader context of health systems is therefore important.

Stigma, discrimination and punitive laws and policies continue to undermine efforts to prevent new infections. Key at-risk populations, including men who have sex with men, sex workers and injecting drug users, are often reluctant to seek services.

The protection and promotion of human rights is a prerequisite to a successful response to HIV/AIDS while ensuring that key populations fully enjoy their human rights and have equitable access to services, including for sexual and reproductive health, and to life-saving drugs. We call for an inclusive approach in HIV programming and service delivery that also encompasses young people and those with disabilities.

HIV/AIDS continues to have a disproportionate impact on women and girls. In our own Pacific region, the primary mode of HIV transmission is heterosexual contact, and the number and proportion of females known to be infected with HIV has increased steadily. The promotion of gender equality and the empowerment of women and girls must therefore continue to be a priority.

New Zealand has taken a cutting-edge approach to evidence-based prevention, and our low HIV infection rates are a testament to this. We put human rights at the centre of our response by decriminalizing sexual contact between men who have sex with men, making discrimination on the basis of sexual orientation and HIV status illegal, decriminalizing prostitution and establishing needle-exchange programmes.

We urge States that have not already done so to reform laws that stand in the way of an effective response; enact meaningful and transparent measures to monitor their efforts to address HIV stigma; and promote effective responses for populations at higher risk. Scarce resources need to be maximized.

Prevention is the mainstay of the global HIV response. Decisive evidence exists on the effectiveness of prevention and treatment strategies. National responses and priorities need to take account of this evidence so that they can respond with cost-effective interventions that target those at greatest risk. There is also a need to continue scaling up access to treatment, in particular for infants and children, including to second-line drugs.

New Zealand believes that strong country ownership, leadership and coordination are critical to an effective response. In that context, we underscore the importance of engaging multiple stakeholders and working with affected communities as central to an effective HIV response. At the national level, strong working partnerships are needed between Government, civil society and the private sector.

Collective efforts and improved coordination at the international level are also critical. There is a shared responsibility among donor countries, emerging economies, affected countries, the private sector and other development agencies. New Zealand's contribution internationally includes support to multilateral and regional organizations, including those that focus on integrating HIV and sexual and reproductive health care and services. In the Pacific region, we support a multi-year donor financing mechanism designed to assist countries in implementing the Pacific Regional Strategy on HIV and Other Sexually Transmitted Infections.

New Zealand recognizes the need for ongoing action on HIV. It represents a down payment on a healthy future, while yielding benefits for future generations, reducing human suffering and averting associated economic and development costs.

The President (*spoke in French*): I now give the floor to the representative of Romania.

Mrs. Miculescu (Romania): This High-level Meeting on HIV/AIDS represents for Romania and, I presume, for other countries, an opportunity to discuss and structure new and creative ways of resolving major public-health issues, such as this one, by replacing the classical epidemiological dogmas with an avant-garde approach based on therapy, and not solely on rhetoric.

In facing a true HIV/AIDS epidemic among small children at the beginning at the 1990s, Romania had to take measures that seemed unimaginable at the time. So what has our country done to resolve and control this scourge? I am happy to share the answer with the Assembly. In a nutshell, it can be considered a success story, bearing in mind where we began and where we are now.

In 1985 and 1986, having identified a series of HIV infection cases in adults, Romania decided to exercise very strict control over those cases by establishing a special centre for affected patients. As was the practice around the world, such cases were considered as terminal. Moreover, Romania reported those cases to the World Health Organization, an unusual step for a socialist country.

In 1990, Romania was confronted with an HIV epidemic among homeless children and orphans. In fact, that marked an unfortunate milestone in the country's history, as Romania was globally recognized as having a significant public health problem. At that time, we realized that a series of new measures was needed and that the strict isolation method was no longer relevant. One new measure was the one we today call antiretroviral therapy. In 1995, we began to discuss such therapy and, after signing the Paris Declaration that same year, Romania endeavoured to keep up with the most recent discoveries in the field of medications, which then carried an enormous cost.

In 1997, we put in place a new health policy in this area, marking Romania's decision to take a new approach. That was a crucial moment. That new approach consisted of a public-private partnership, which we today believe is still the best solution. This partnership resulted in the establishment of nine regional centres dealing with HIV/AIDS issues in Romania and in the re-establishment of our national programme to combat AIDS.

In 2001, Romania negotiated with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in New York for assistance related to antiretroviral medication. As a result, in 2002, Romania benefited from reduced medication costs, which allowed us to quickly reach our target of universal access for this therapy. The progress was absolutely miraculous. That result, which also reflected a political decision, contributed to the sustainability of our national programme, which in turn resulted in granting a second chance at life to HIV-infected children and in creating an epidemiological model.

As the HIV epidemic has evolved in Romania over the past 26 years, the positive results prove without any doubt that, where there is political will, we can find a solution for any problem.

In that context, let me also mention that, given how much there is to do and learn in this area, Romania has established the European HIV/AIDS and Infectious Diseases Academy to provide professional training, establish standards of care and, last but not least, conduct research in this field. This is another efficient platform of cooperation that we should use to accelerate progress in this very sensitive area.

The year 2011 represents for Romania, as it does for so many other countries, a crossroads in the approach to HIV/AIDS. This is the first time since the pandemic began to spread that we can talk in very clear terms about a cure. In order for the cure of HIV/AIDS not to remain just mere words, we should all do at least three basic things, namely, to ensure free access to therapy for all those infected with HIV or who already have AIDS; to ensure the sustainable prevention of vertical transmission from mother to child through already proven therapeutic means; and to sustainably address the vulnerable groups that we all know by now, that is, men who have sex with men, intravenous drug users and sex workers.

From this moment on, it is very clear what our options are. If we pursue them in a constant and sustainable manner, then future generations will be grateful. If we do not pursue them and they remain just rhetoric, then God forgive us. Because we deeply believe not only in words but also in concrete action and a long-term vision, I would like to express, in line with the European Union position, Romania's strong political commitment to the universal access targets set forth in the Millennium Development Goals, as well as our total support for this High-level Meeting's draft declaration on HIV/AIDS (A/65/L.77) and for the UNAIDS global strategy for the period 2011 to 2015.

A world with zero new HIV infections, zero discrimination and zero AIDS-related deaths is not one that we only imagine, but one that we are building through our endeavours and dedication. In that regard, Romania is both optimistic and ready for the challenge.

The President (*spoke in French*): I now give the floor to the representative of the Sudan.

Mr. Youssif (Sudan): I would like to take this opportunity to congratulate the Secretariat and sponsors for their leadership and coordination of this High-level Meeting on HIV/AIDS. I would also like to express our appreciation to Secretary-General Ban Ki-moon and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their comprehensive efforts to fight the HIV/AIDS epidemic.

This meeting is of great importance, as the world marks 30 years since the start of the HIV epidemic. Despite the substantial progress made since the Assembly's adoption in 2001, during the special session, of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and its adoption of the 2006 Political Declaration (resolution 60/262), HIV/AIDS remains a major challenge and a formidable threat to global development, especially in Africa.

The Sudan is described as having a low generalized epidemic, with an average HIV prevalence rate estimated to be around 2.6 per cent. However, the prevalence of HIV is reported to be 3 per cent among pregnant women in southern Sudan, which is bit higher than the national rate. With peace prevailing and mobility restored, southern Sudan is therefore likely to experience a rapid increase in HIV prevalence, which could reach as high as 6 per cent by 2015.

The Sudan has been able to register the following progress in the fight against HIV/AIDS. We have developed a five-year national strategic framework, monitored the evolution of the epidemic, drafted guidelines for the treatment and prevention of mother-to-child transmission of HIV and mainstreamed HIV in line ministries. Those efforts are aimed at reducing mother-to-child transmission from 30 per cent to 10 per cent and to increase care and support services for people living with HIV from 10 per cent to 30 per cent by the year 2014. The Sudan is also working to finalize a biological and behavioural survey that will provide us with an accurate measure of the prevalence of HIV in the Sudan.

The Government of the Sudan is committed to fighting HIV and AIDS by ensuring universal access to HIV and AIDS prevention, treatment, care and support services to people living with HIV. In doing so, we will give priority to developing an effective strategy for resource mobilization and utilization in the framework of the national HIV response; investing in generating strategic information to improve our understanding of the epidemic and our response; scaling up access to quality HIV/AIDS services and the integration of HIV in all sector plans at the national and State levels; building capacity at the national and decentralized levels in the planning and coordination of the HIV response; and developing a sustained public HIV/AIDS awareness campaign that includes advocacy for increased and sustained political and leadership commitment at all levels.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is currently the only source of funding for antiretroviral therapies and HIV care services in the Sudan, while the Multi-Donor Trust Fund supports capacity-building for relevant Government institutions and civil society organizations at all levels. In the case of Southern Sudan, the two sources of HIV funding will end by July 2011, which will create a huge gap in the delivery of HIV and AIDS services.

The major challenge at hand is the limited coverage of HIV/AIDS services. Resource mobilization remains challenging, and future funding of the HIV response is uncertain. There is limited capacity on the part of partners to rapidly scale up interventions at the

State and lower levels. And there is limited strategic information available, in particular with regard to the most at-risk populations.

The Sudan is renewing its view on the role of the family and cultural and religious values in the fight against HIV/AIDS. The Sudan would like to stress that the principle of sovereignty is a right of each Member State, as set forth in the Charter of the United Nations and in international law. Accordingly, during the past two months, the Sudan participated effectively in negotiations between the Member States on reaching the terms of the political declaration on AIDS to be adopted by this High-level Meeting. We strongly believe that the outcome of this High-level Meeting on HIV/AIDS will be an excellent opportunity for the world to join hands and intensify national, regional and international efforts to reverse the HIV epidemic.

I would like to urge the international community, especially developed countries, to enhance financial support to developing countries, including capacity-building to ensure the continuity of HIV/AIDS services to the people in need. The Sudan renews its commitment to continue its work in fighting HIV/AIDS at the regional and international levels. I wish the Assembly fruitful deliberations.

The President (*spoke in French*): I now give the floor to the representative of the Russian Federation, who wishes to speak in exercise of the right of reply.

Mr. Maksimychev (Russian Federation) (*spoke in Russian*): The Russian delegation has asked to take the floor in exercise of the right of reply following the statement made earlier by the representative of Georgia.

We regret that in his statement the representative of Georgia made an effort to politicize the discussion in the General Assembly on such an important issue as the global struggle against HIV/AIDS. He also did not take into account the new realities in the region following the emergence of two new independent States, Abkhazia and South Ossetia. The responsibility for combating the spread of HIV/AIDS in those territories lies with their Governments.

With regard to Russia's actions in 2008, they were triggered by the criminal activities of Georgian troops in South Ossetia and by the need to protect civilians there.

The meeting rose at 8.15 p.m.

United Nations A/65/PV.94

General Assembly
Sixty-fifth session

Official Records

94th plenary meeting
Friday, 10 June 2011, 10 a.m.
New York

President: Mr. Deiss .... (Switzerland)

The meeting was called to order at 10 a.m.

Agenda item 10 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

High-level meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/65/797)

The President (*spoke in French*): I should like to remind speakers that the allotted time for statements is five minutes. There are still 37 Member States on the list, in addition to other delegations. I will therefore be forced to apply the five-minute rule in a draconian manner. I thank delegations for their understanding.

I now give the floor to the representative of Uganda.

Mr. Apuuli (Uganda): I stand here on behalf of my President, His Excellency Mr. Yoweri Kaguta Museveni, who is unable to be here because of prior commitments.

My delegation welcomes the convening of this meeting to review the global HIV/AIDS response, including our commitment to universal access to HIV prevention, care and treatment in the quest to transform our societies. While we recognize the significant progress that has been made in terms of mobilizing extraordinary resources, especially financial resources, and efforts by scientists to find a cure or a vaccine, this disease remains one of the greatest challenges of our times.

Of course, recent global figures show that our efforts are bearing fruit with regard to the number of new infections and providing life-saving drugs to most of the persons who need them. However, the HIV/AIDS response demands a higher level of solidarity and shared responsibility in order to achieve universal access to HIV prevention, care, treatment and support by 2015, in line with the Millennium Development Goals (MDGs).

Like many developing countries, Uganda still faces some challenges in meeting a number of MDG targets, including those in respect of HIV/AIDS. With a generalized epidemic where 6.4 per cent among adults older than 15 years of age are now carrying the HIV/AIDS virus and approximately 1.2 million people are HIV-positive, out of a population of 32 million, the task before us is enormous. It becomes evident that we must shift our attention and focus resources on selected evidence-informed measures that will enhance efficiency and generate results, while promoting country- and people-owned responses.

From our experience in the fight against HIV/AIDS over the past two decades, political commitment at the highest level is invaluable in mobilizing multisectoral responses that involve Government, civil society, the private sector and other partners.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room U-506. Corrections will be issued after the end of the session in a consolidated corrigendum.

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Recent surveys in my country point to some emerging pockets of new infections. However, with support from the Joint United Nations Programme on HIV/AIDS and development partners, detailed studies have been carried out and have revealed the changing face of the epidemic. As a matter of urgency, my Government is developing strategies that would appropriately address these emerging phenomena.

We pay tribute to our partners for their support, which has assisted many of our people, especially in sub-Saharan Africa, who would have died in the absence of life-saving interventions such as antiretroviral therapy. But in the face of rising new infections, it is going to be very difficult to put all those who are eligible on treatment. In Uganda, for example, currently about 550,000 people need antiretroviral therapy, but by December of last year only 270,000 were accessing it.

We note with optimism recent breakthroughs in research, whereby the initiation of antiretroviral therapy when the CD4 count is high provides people living with HIV better quality of life and longevity and acts as a preventive measure to break the cycle of the transmission of the virus from the infected to the uninfected. People living with HIV/AIDS should be supported and given the hope of living a normal life. However, the biggest challenge that we continue to face is how to mobilize sufficient resources to buy drugs.

There have also been other commendable biomedical research efforts to find new drugs, microbicides and vaccine candidates and to implement other strategies, such as pre-exposure prophylaxis. We call upon our partners to sustain and, if possible increase, funding for research in pursuit of an effective vaccine and a cure for HIV/AIDS.

Uganda strongly supports the African Union position on the right of each country to implement HIV/AIDS programmes consistent with its national laws and development priorities. It is essential to respect the religious and ethical values and the cultural background of different peoples, in conformity with universally recognized international rights.

In Uganda, like many African countries, women and young girls still bear the brunt of the HIV epidemic. Women constitute 57 per cent of infected people. They are more involved in caregiving, but they are not sufficiently empowered to make independent decisions.

While our major focus is HIV prevention, a more comprehensive approach will be more effective. In that regard, many African countries are strengthening their health systems to ensure the quality and timely delivery of services. These efforts need to be supported by development partners.

As the HIV epidemic continues to spread and ravage many of our communities, especially in sub-Saharan Africa, prevention remains the mainstay in the control of HIV/AIDS. It is therefore essential that we mobilize substantial resources for universal coverage of HIV interventions.

The President (*spoke in French*): I now give the floor to Her Excellency Ms. Ann Peters, Minister of Health of Grenada.

Ms. Peters (Grenada): My delegation joins others in extending sincere congratulations to you, Mr. President, as you chair this significant High-level Meeting, as well as to the rest of your team. Grenada also commends Secretary-General Ban Ki-moon for convening this meeting to review the global progress achieved on earlier commitments with regard to HIV and AIDS.

Grenada associates itself with the statement made on behalf of my region, the Caribbean Community, at the 91st plenary meeting by The Honourable Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis.

I am delighted to convey warm greetings from my Prime Minister, The Honourable Mr. Tillman Thomas, who is here with us this morning, and the Government and people of Grenada, as well as to briefly share with the Assembly our achievements and vision within the context of this global review.

As we meet against the backdrop of a battle against HIV and AIDS, recent progress tells us that the world is winning. We in Grenada share in that progress, although a comprehensive response to HIV and AIDS is still a challenge for us, owing mainly to issues of taboo and stigmatization in some instances, social and religious norms, limited trained human and financial resources and the need for more public education. Today, however, we are proud to report on our progress and record. But there is much more that we can do, as we need to undertake much more in order to reach higher levels of accomplishment.

For more than a decade now, the Grenada National Infectious Disease Control Unit has been mandated to respond to HIV and AIDS, with full responsibility for the leadership that has brought significant results to our country.

I am proud to report that more than 80 per cent of women participating in antenatal clinics accept testing at their first visit, in response to protocols introduced in 2007. We have begun to see vast improvements in the prevention of mother-to-child transmission, and Grenada achieved the first of the global "three zeros", that is, no child born to an HIV-infected woman has tested positive. We are convinced that this is the result of a strategic, rights-based approach and the integration of prevention into primary health care; we are convinced that this model can be used again for achieving the other two zeros. Prophylactic therapy is given to babies within 72 hours of birth, and those babies also receive milk formula support for the first six months of their lives.

We have seen an increase in the numbers of young persons who voluntarily come in for testing. This is the result of investments in public awareness, the growing confidence of young people in the services provided and the reduction of stigmatization.

In the area of treatment and care, the use of highly active antiretroviral medication since 2003 has made it possible to put all patients known to the public health system on treatment and to significantly increase the number who have access to services.

Home visits and medication pickups as well as referrals to other specialists are making a difference in the quality of life of people living with HIV/AIDS. Our surveillance and research work has benefited from a manual produced for that specific purpose with World Bank funding, and a survey on knowledge, attitude, behaviour and practice, also financed by the Global Fund, has just been undertaken.

Grenada's achievements are many, including rapid testing; training; the completion of the survey on knowledge, attitude, behaviour and practice; local and regional training for staff and medical personnel; and an increase in intersectoral participation in annual World AIDS Day activities. All of those results emanate from our core conviction that the human rights of all Grenadians, with no distinction whatsoever, must be honoured, in health as in all constitutionally mandated rights which are fundamental to our country. The National AIDS Council, with its wide multisectoral approach, is testimony to the integration of our services.

The impact of HIV and AIDS strikes at the very heart of the rural sector, where poverty is widespread among youth between the ages of 15 and 29. This results in a compounding of the overall social and economic vulnerability of our small island State. This calls for an even stronger multisectoral approach similar to what we have undertaken, where health is integrated into all sectors.

That is why we welcome the Political Declaration that will be adopted at this Meeting. Grenada is committed to achieving its goals. We wish to place on record our sincerest appreciation to all our donors, and we look forward to continued collaboration.

The President (*spoke in French*): I now give the floor to Her Excellency Mrs. Dharma Shila Chapagain, State Minister for Health and Population of Nepal.

Mrs. Chapagain (Nepal): It is a privilege for me to address this High-level Meeting. I wish to convey the best wishes of the people and the Government of Nepal in connection with the success of the conference.

It is a matter of concern that, even today, after three decades, over 7,000 new HIV/AIDS infections occur every day. The HIV/AIDS pandemic is a major global health problem affecting many countries around the world, in particular the low- and middle-income countries. It severely undermines people's health and well-being as well as our development efforts.

We have made some progress in reducing the rate of new HIV infections and mother-to-child transmission, while expanding access to HIV antiretroviral treatment. However, much remains to be done, in view of the tremendous number of people living with HIV/AIDS.

Women and girls are still the most affected group. In this context, there is a need to fight gender inequalities, insufficient access to health care and services, and all forms of discrimination and violence, including sexual and gender-based violence and exploitation. We must ensure the sexual and reproductive health of women and girls.

National estimates in Nepal indicate that there are 63,000 cases of HIV/AIDS. From 1988, when the first case was reported, to July 2011, some 17,000 additional HIV/AIDS cases were reported. Some 5,500 of those persons are receiving antiretroviral treatment. This indicates that a large proportion of people are in need of treatment, care and support.

The least developed countries, including Nepal, lack adequate resources to effectively deal with the menace of HIV/AIDS. However, despite resource constraints, the Government of Nepal has accorded top priority to the fight against HIV/AIDS in its national health-care policy. The necessary policy measures have been adopted, and we are in the process of finalizing a comprehensive HIV/AIDS bill, which is now under consideration by the National Legislature-Parliament. The national HIV/AIDS policy 2010 has already been adopted, and we are in the process of finalizing a HIV/AIDS strategy 2011-2016, which will be announced soon.

Nepal is undertaking a multi-stakeholder response to HIV/AIDS that encompasses prevention, treatment, care and support for persons living with AIDS. Our response targets the most vulnerable populations, including intravenous drug users, men having sex with men, labour migrants and the clients of female sex workers. The Government of Nepal is committed to ensuring the human rights of persons affected by HIV/AIDS and has taken the appropriate measures to address stigma and discrimination related to HIV/AIDS.

Nepal has made the necessary institutional arrangements for a comprehensive response to HIV/AIDS. We have formed a National AIDS Council, headed by The Honourable Prime Minister of Nepal, which is clear testimony of our high level of national commitment. The HIV/AIDS and Sexually Transmitted Infection Control Board of Nepal is responsible for multisectoral coordination and policy formulation. The National Centre for AIDS and Sexually Transmitted Disease Control has been working for treatment, care and support, and monitoring and evaluation.

While we continue to grapple with development challenges, fighting HIV/AIDS is an additional burden for us that calls for an enhanced flow of resources from the international community. Sharing of experiences and best practices, access to medicines, access to new treatment and production technology will be the deciding factors in our seriousness in the global fight against HIV/AIDS. We have the means, but we need to summon the global political will and resources to intensify our response in an effective manner, while looking towards a better future for all of us.

The President (*spoke in French*): I would remind speakers that the time allotted for statements is five minutes.

I now give the floor to the representative of Germany.

Mr. Berger (Germany): The Declaration of Commitment on HIV/AIDS (resolution 60/262), adopted by the United Nations in 2001, was a milestone in global health policy. It was a ground-breaking act that set the course for the future and placed worldwide partnership on a new, shared foundation. For the first time, we set common targets for the HIV response and recognized the vital importance of people living with HIV and civil society in planning and implementing the HIV response.

HIV/AIDS is a challenge for every society, and not only from a health perspective. It calls for every Government to take responsibility and show political leadership.

In the past 30 years, Germany has been very successful with regard to its national prevention programmes. We promote and engage civil society and people living with HIV and AIDS in the development and implementation of our HIV/AIDS strategy, and we adapt those strategies regularly to new challenges.

Social exclusion and the stigmatization of individual groups based on their sexual orientation, ethnic origin or behaviour promotes the spread of new HIV infections. Secretary-General Ban Ki-moon highlighted this in his report (A/65/797) on the implementation of the 2001 Declaration. Let me be clear. We will not be able to achieve our goals in the future if we do not remove laws that punish homosexuality or fail to recognize drug addiction as an illness.

Gender inequality contributes globally to the spread of HIV. Women and girls are more vulnerable to infection and to the social and economic consequences of the epidemic. Promoting gender equality and combating sexual violence are thus important measures against HIV.

In recent years, Germany has increased its financial contributions to the fight against AIDS to €500 million annually, or approximately $700 million. We support bilateral programmes on HIV in more than 40 countries, as well as the Global Fund and multilateral organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS). Reacting to the dramatic increase in new infections in some countries of Eastern Europe and Central Asia, we decided to significantly expand our bilateral cooperation in line with other international donors in several of those countries.

Further commitment is necessary if we are to successfully reduce the number of new infections. We are willing to do our part. At the same time, our partners must increase their national prevention activities and remove persisting obstacles to prevention.

Every investment in health is an investment in the future. We need strong health systems in order to reach the Millennium Development Goals. Forty-one per cent of all new HIV infections occur in the under-25 age group, and 63 per cent of those infected youth are girls and young women. Our most urgent goal must be to reduce this rate of infection. It is possible to do so only if strong and informed youth takes the lead on health issues.

The current movement towards democracy in a number of countries is a demonstration of how young people can achieve change. They are globally connected and want to participate and be heard. That commitment by young people also raises hopes in terms of finding an answer to HIV and AIDS.

We are here today to recommit to the obligations to which we committed ourselves in 2001. We took on very ambitious goals, not all of which were achievable. However, I am convinced that, without those goals, we would not be where we are today. That is why we must persevere in our efforts to achieve the vision of Michel Sidibé, the Executive Director of UNAIDS: zero new infections, zero discrimination and zero AIDS-related deaths.

That will be possible only if all political leaders take their responsibility seriously, engage with young people and work together with civil society and people living with HIV and AIDS. In this spirit, I wish to reaffirm Germany's commitment as part of the responsibility that we all share as an international community of States.

The President (*spoke in French*): I now give the floor to the representative of Finland.

Mr. Viinanen (Finland): First of all, let me align myself with the statement delivered on behalf of the European Union at the 93rd plenary meeting.

We are all here to promote a common vision, namely, zero new HIV infections, zero discrimination and zero AIDS-related deaths. Finland is committed to making this vision a reality. That requires putting prevention at the centre of our efforts. I would like to focus in particular on the crucial role of young people. We need to ensure that they have the proper ability and capacity to make informed choices in their lives. The members of the largest-ever generation of young people in history are now entering their sexual and reproductive lives.

Young people can be positive agents of change if they are provided with the necessary opportunities and support. They need to have access to comprehensive sexuality education and youth-friendly sexual and reproductive health services. Adolescents and young people need to be informed about sexuality and responsible sexual behaviour. They need to learn to respect themselves and others. They need information on gender equality, sexual orientation and the prevention of sexually transmitted infections.

In Finland, comprehensive formal and informal sexuality education is offered from an early age. It has been a part of the school curriculum since the 1970s. A new national curriculum for overall health education, including sexual and reproductive health, became mandatory in 2006. Sexuality education is also integrated into other school subjects. We are moving from a biological focus to a wider perspective that includes emotional and social aspects. Sexuality education in Finland is complemented by accessible school health services. A school nurse is available in a majority of schools. Thus information, on contraceptives for instance, comes from a reliable source. Municipalities are obliged to provide such services free of charge. Young people in Finland appreciate and welcome that approach. Its results, namely, a decreasing number of teenage pregnancies, sexually transmitted infections, abortions and young people having early sexual relations, are evident.

Finland is a committed long-term supporter of the Joint United Nations Programme on HIV/AIDS, which has a central coordinating role in international efforts to tackle HIV/AIDS. In addition, we channel aid through the Global Fund and many non-governmental organizations that do excellent work in the area of HIV/AIDS. Despite challenging economic times, Finland has been able to fulfil its international aid commitments.

At the same time, it is obvious that we live in a world of constrained resources. In addition to traditional official development assistance, we must look to other sources of financing. National ownership and the mobilization of domestic resources are essential. Private-sector funding and innovative sources of financing have important potential. Emerging economies should also have a role. More than ever, we also need to emphasize the effectiveness of aid, including increased cooperation among all actors. Results and efficiency are expected of us all.

Comprehensive people-centred policies are needed to achieve the internationally agreed development objectives. Everyone should be involved in promoting our common vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. In addition to Governments and the United Nations system, that means civil society and parliamentarians, as well as the private sector.

Before I conclude, I want to emphasize sexual and reproductive health and rights. They are an integral part of human rights and belong to everyone without discrimination. All women and men, regardless of sexual orientation, must have the right to decide freely and responsibly about their own sexual lives.

Thirty years of HIV/AIDS have taught us something. Providing treatment and affordable and accessible medicines to those affected is an absolute necessity, but it is not enough. We also need comprehensive prevention. Empowered and well-informed young women and men with healthy self-esteem form a crucial part of such a comprehensive approach and will eventually help us to achieve a world free of HIV and AIDS.

The President (*spoke in French*): I now give the floor to the representative of Kuwait.

Ms. Al-Shoumer (Kuwait): It is a great honour for me to represent my country, Kuwait, at this High-level Meeting on HIV/AIDS. At the outset, we would like to thank the Secretary-General for his report contained in document A/65/797, entitled "Uniting for universal access: towards zero new HIV infections, zero discrimination and zero AIDS-related deaths". We would also like to thank the co-facilitators for their outstanding efforts to negotiate the draft declaration (A/65/L.77) to be adopted at the end of this meeting.

The international community should be pleased with the significant progress achieved so far to fight HIV/AIDS and to increase access to treatment, thereby saving the lives of millions of affected people and reducing stigma and discrimination. Despite the substantial progress achieved to date, we must acknowledge that much remains to be done to reach our objectives, as stated in 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262).

Kuwait is committed to fighting HIV/AIDS as part of its commitment to the Millennium Development Goals and the other Declarations. Since the diagnosis of its first HIV case, Kuwait has been aware of the importance of prevention and care for HIV cases. It therefore established its multisectoral high-level National AIDS Control Committee through a ministerial decree. The Committee established a national strategic plan that focuses on prevention, education and treatment.

Kuwait is among the pioneering countries with a law for the prevention and control of HIV/AIDS that constitutes the legal context for the implementation of its national strategy. That law ensures the rights of people living with HIV/AIDS with regard to work, education and treatment, protects the privacy and confidentiality of their information, and fights stigma and discrimination. Kuwait also has a law on premarital medical check-ups, which includes HIV testing as one of the tests that couples must take before marriage for the early detection of HIV and the prevention of transmission. The law does not prevent marriage.

Kuwait has hosted four international conferences on HIV/AIDS in the past two decades. We have published many studies related to HIV/AIDS knowledge and related attitudes and behaviours. The issue of HIV/AIDS is included in the curriculums of intermediate and secondary schools, universities and colleges. To ensure the safety of blood for recipients, all blood in the central blood bank is screened for HIV and other infections.

Treatment for HIV/AIDS is available in Kuwait. Our protocol conforms to World Health Organization (WHO) guidelines and is available free of charge to all infected persons, regardless of nationality or gender. We have succeeded in preventing mother-to-child transmission through the early treatment of HIV-positive mothers and good follow-up.

Out of solidarity with and support for the international community's efforts to fight infectious diseases, such as HIV/AIDS, tuberculosis and malaria, and to help other nations that suffer from such epidemics, Kuwait voluntarily donates $500,000 annually to the Global Fund. We participate actively with international organizations, agencies and programmes concerned with HIV/AIDS, such as WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme, the United Nations Educational, Scientific and Cultural Organization and the International Labour Organization.

In March 2010, Kuwait submitted its first report to UNAIDS, pursuant to the twenty-sixth special session of the General Assembly, which indicated the situation of HIV/AIDS in Kuwait and our vision and plan for future work to update and to implement our strategic plan and operational policy.

In conclusion, we believe that this High-level Meeting represents a unique opportunity to renew our commitment and to sustain our efforts to continue fighting HIV/AIDS in order to achieve our goals and a world free of HIV infections and AIDS-related deaths. We look forward to sharing and exchanging information and experiences to achieve our goals.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Rodger Samuel, Minister of State of Trinidad and Tobago.

Mr. Samuel (Trinidad and Tobago): At the outset, Trinidad and Tobago wishes to align itself with the statement made at the 91st plenary meeting by The Honourable Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis, on behalf of the Caribbean Community.

In 2001, and again in 2006, members of this body came together in a spirit of solidarity to demonstrate our commitment to international measures aimed at combating the pandemic of HIV and AIDS. The Government of the Republic of Trinidad and Tobago was proud to be part of the process that led to the adoption of both the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262). Nevertheless, the adoption of declarations, resolutions or treaties on any subject is useless if there is no corresponding commitment to implement the provisions of such instruments.

We therefore find the convening of this meeting to be not only timely but also critical, as it comes only a few days after the thirtieth anniversary of the commemoration of the first diagnosis of the disease. This High-level Meeting provides an opportunity for the international community to assess the effectiveness of the measures we agreed upon and to devise new means to achieve our objective.

Within the confines of our limited resources, the Government of Trinidad and Tobago continues to do its part to discharge its commitments under the Declarations adopted by the Assembly, as well as those hemispheric initiatives geared towards bringing relief to our citizens who are affected by HIV/AIDS. We also continue to promote awareness of the importance of preventative measures aimed at curbing the spread of the disease. For us, this matter is of high priority. Consequently, that responsibility has been placed under the Office of the Prime Minister, which oversees Trinidad and Tobago's response to this epidemic.

Trinidad and Tobago is leading an active campaign in the fight against HIV and AIDS at all levels. Our efforts are aimed at ensuring that there is universal access to treatment, care and support, and that future generations will be protected from HIV and AIDS. Allow me to enumerate a few of the initiatives developed by Trinidad and Tobago in the fight against HIV/AIDS.

In 2003, we formulated a strategic framework in the context of our national response to HIV/AIDS. A national HIV and AIDS strategic plan for the period 2004 to 2008 was also developed to direct the national response and set the framework for the coordination of activities to reduce the incidence of HIV and mitigate the negative effects of the epidemic. The national strategic plan has five priority areas, namely, prevention; treatment, care and support for people living with HIV; advocacy and human rights; surveillance and research; and programme management, coordination and evaluation.

In Trinidad and Tobago, we have achieved some successes in our battle against this disease. There is universal access to HIV testing. For example, in the area of prevention, 97 per cent of pregnant women have been tested for HIV. Additionally, the provision of free antiretroviral medication has reduced the number of HIV-exposed infants who test positive to 7 per cent, down from 11 per cent in 2002. In Tobago, our twin island, I am in particular pleased to indicate that in 2009 there were no recorded cases of infants born with HIV/AIDS. Trinidad and Tobago has also adopted an elimination initiative that seeks to eliminate the transmission of HIV from mother to child by 2015.

Nationally, there has been an increase in awareness of the modes of transmission of HIV in 77 per cent of the general population. HIV programmes have also been expanded to the workplace, both in public and private institutions, in accordance with our national workplace policy on HIV and AIDS. Furthermore, 52 faith-based and civil society organizations have been funded to develop education and counselling programmes in communities.

The Government of the Republic of Trinidad and Tobago provides free antiretroviral drugs to all persons living with HIV and AIDS. At the end of 2010, 6,800 persons living with HIV were accessing treatment and care services across the country at dedicated sites — with 67.2 per cent of them accessing antiretroviral treatment. In 2009, 558 attendees received training related to care for people living with HIV, so as to increase the number of health personnel trained in that area.

Trinidad and Tobago will remain actively engaged at the regional and international levels on this matter. We therefore wish to reaffirm our commitment to continue to work with the Joint United Nations Programme on HIV/AIDS, the Pan-Caribbean Partnership against HIV/AIDS, the World Health Organization and other entities towards the achievement of a world free of HIV and AIDS.

The moment has come to renew our commitment and to intensify our efforts in the fight against this global pandemic. While we look for innovative methods of treatment, we in Trinidad and Tobago will vigorously search for innovative ways to enhance prevention. We agree with the adage that HIV is everyone's business. Let us therefore get down to doing it.

The President (*spoke in French*): I now give the floor to the representative of Israel.

Mr. Grotto (Israel): We have witnessed significant progress in the 10 years since the holding of the special session of the General Assembly on HIV/AIDS. During the past decade, new HIV infections were reduced by 20 per cent. Even in countries where the challenges of the disease have been most devastating, incredible success has been achieved. We should be proud of those achievements, but we must not lose sight of the critical work before us. The international community still has a long road ahead in order to achieve Millennium Development Goal (MDG) 6, namely, halting HIV/AIDS and reversing its spread by 2015. While that goal is within reach, we must take the necessary steps to see it accomplished.

My country is deeply committed to pursuing MDG 6. To that end, Israel signed its first ever multi-year cooperation agreement with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in April, enhancing our relationship with that important organization. I would like to share some of Israel's experiences in the prevention and treatment of HIV/AIDS.

Israel is a low-burden country for HIV. The epidemiology of HIV within our population is characterized by an increased incidence among specific risk groups. Those high-risk groups include immigrants from countries with a high prevalence of HIV, particularly migrant workers, and men who have sex with men.

To further prevention efforts, Israel carries out national research-based AIDS-prevention campaigns focused on young people and drug users. Among young people, the campaign emphasizes the importance of condom use and early testing to prevent the spread of HIV/AIDS. This information is disseminated using a wide range of media, with a focus on online social networks.

In addition, Israel applies harm-reduction methods and runs a nationwide syringe-exchange project to prevent the spread of HIV/AIDS among intravenous drug users. As a cooperative initiative between the Israeli Government and Israeli non-governmental organizations (NGOs), this evolving project is expanding to include not only syringe exchanges but also primary medical treatment for participants.

Israel also operates a number of universally available free clinics that are located in areas with populations at high risk of HIV/AIDS, such as sex workers and intravenous drug users. Tailored to meet the specific needs of those communities, this programme utilizes mobile medical clinics that provide easy access to HIV/AIDS prevention, education and testing.

Drawing from Israel's experience, I would like to refer to three areas in which our collective efforts can make the greatest impact on mitigating the AIDS pandemic. First, we must strengthen public health infrastructure — which can be leveraged effectively to deal with the AIDS pandemic — at the same time that we establish designated health infrastructure to treat HIV.

Secondly, we must promote collaboration within and among countries at the local, regional and international levels. Such cooperation should include various governmental ministries, as well as NGOs.

Thirdly, we must seek to promote universal access to HIV/AIDS screening and treatment, taking into account the needs and practices of local cultures.

Israel continues to look for opportunities to share our experience on this issue with other countries. With an eye to 2015, we are working with a range of partners to institute innovative solutions to advance MDG 6, placing particular emphasis on partnerships in sub-Saharan Africa. Through its National Agency for International Development Cooperation, Israel collaborates with developing countries in addressing issues of HIV/AIDS treatment, prevention, training and capacity-building. We work with community leaders, medical staff and many others, focusing in particular on education in areas such as sexual health, to help prevent the spread of HIV/AIDS among adolescents.

Israel's ongoing partnership with Ethiopia on this issue has included a joint project managed by Israeli hospitals and Government ministries that has provided training in the multi-disciplinary treatment of HIV/AIDS for more than 100 Ethiopian doctors, nurses and technicians. Other training sessions relating to AIDS prevention and education have been undertaken in Uganda, Senegal and Sierra Leone. In Eastern Europe, we are partnering with UNICEF, UNESCO and UNAIDS to provide holistic treatment for families affected by HIV/AIDS. As part of that approach, we assist individuals infected with HIV/AIDS and their families in dealing with the psychological effects of the disease.

The devastation of the HIV/AIDS epidemic and its disproportionate effect on women are vital issues in the response to HIV/AIDS. Given this challenge, Israel has teamed up with UNAIDS to offer international training workshops on women, girls, gender and AIDS. Such training explores the feminization of HIV/AIDS so that participants learn how to address the specific needs of women and girls. Another long-standing Israeli programme focusing on women's health — known as *tipat chalav* in Hebrew, or "drop of milk" — entails mother-and-child-health clinics that offer universal access to prenatal and neonatal care. As part of their mission, the clinics provide HIV/AIDS education with a focus on reducing mother-to-child transmission of the disease.

Governments, civil society, the private sector, academia and others must move forward with the concrete measures spelled out in the draft declaration before us (A/65/L.77), which rededicates us to eradicating HIV/AIDS. Israel stands ready to play its part in this effort and remains committed to the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262). We look forward to partnering with Member States to carry out the critical work ahead of us, with the goal of eradicating HIV/AIDS.

The President (*spoke in French*): I now give the floor to the representative of Ecuador.

Ms. Franco (Ecuador) (*spoke in Spanish*): On behalf of the President of the Republic of Ecuador, of the Government of the People's Revolution and the Minister of Public Health, David Chiriboga, I bring warm greetings to the General Assembly. I would like to express our gratitude for this important opportunity to voice on my country's behalf some thoughts on the HIV/AIDS situation in Ecuador and its impact on development.

At the beginning of the 1970s, when the existence of human retroviruses was unknown, it was believed that transmissible diseases would soon be conquered by developed countries and would become part of a long list of problems in developing countries with little chance of being solved. However, history took a different course. Today the HIV/AIDS pandemic, which involves all of us, has become one of the greatest challenges to our society in terms of ensuring the right to health and respect for other fundamental rights.

We need to acknowledge that, despite the series of strategies and actions of proven efficacy that have been implemented to prevent and control the transmission of HIV, in recent years the number of cases has continued to rise alarmingly around the world. Among other things, that can be explained by scant understanding of the disease, which makes it difficult to tackle the epidemic in a comprehensive manner beyond the health and education sectors. Denying and minimizing the epidemic have been determining factors in that failure, as have beliefs and cultural patterns, myths and taboos and stigma and discrimination. Along with little or no access to preventive methods and increasingly inadequate health coverage, those factors have formed the social and psychological model for the population in general, but particular when it comes to those viewed as key or exposed populations.

Against this problematic global backdrop, Ecuador has succeeded in building a political framework to combat the pandemic. This began with the adoption of a new and revolutionary Constitution for our country centred around a national plan to achieve what our Quechua peoples call sumak kawsay, or living well. Another advance includes the signing of international agreements aimed at putting in place a multisectoral national plan that runs through 2015 and at strengthening our national comprehensive care programme to provide free and universal access to health care, with a focus on rights and responsibilities benefiting those living with HIV/AIDS.

The Government of Ecuador has mobilized national and international resources and has steadily and significantly increased its budget for prevention and comprehensive care and for integrating people living with HIV/AIDS into productive sectors of society. We have made considerable progress on the prevention of mother-to-child transmission, access to antiretroviral treatments and safe blood for transfusions. We have also promoted the provision of care for the families of people living with HIV/AIDS through social protection programmes, including empowerment and firm support from civil society groups.

However, given that about 97 per cent of transmission occurs through sexual contact, we are still dealing with the challenges of ensuring that people can exercise their rights, improving access to the information needed for making decisions and strengthening efforts to promote responsible sexual behaviour and prevention among exposed populations such as sex workers, men who have sex with men, transsexuals and prisoners, as well as among vulnerable groups of adolescents living in poverty.

Likewise, given that Ecuador has a concentrated epidemic, we are working to implement public policies aimed at eliminating discrimination and stigma and establishing a legal framework to protect human rights and promote the eradication of gender- and identity-based violence. Although the path has not been easy, the Ecuadorian Government is fully committed to guaranteeing the right to health of people living with HIV/AIDS, removing barriers to access to treatment and putting public-health interests above commercial ones, so as to provide generic antiretroviral medicines of guaranteed quality and less restrictive patents, as well as putting in place innovative approaches to ensure the availability and proper use of products in the farthest reaches of our country.

Ecuador endorses the new strategies for zero new HIV infections, zero discrimination and zero AIDS-related deaths, as well as the importance of pooling our efforts in order to reduce the vulnerability of women and girls to HIV/AIDS by developing policies on social and economic equality. On behalf of Ecuador and all those around the world who are fighting to survive the epidemic every day, I am grateful for the opportunity to share our views.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Kevin Rudd, Minister for Foreign Affairs of Australia.

Mr. Rudd (Australia): We, the international community, have come to this meeting in order to make a difference — not just to talk, negotiate a text or simply to describe a problem that affects 33 million of our brothers and sisters around the world. Despite our progress, that figure is still growing by 7,000 persons per day, 3,000 of whom are young people and 1,000 of whom are babies, the most innocent of the innocents.

No, our purpose here today is to make a difference. That is why, when we gathered here at the Millennium Summit, we resolved in Millennium Development Goal (MDG) 6 to halt and begin to reverse the spread of HIV by 2015. That is why, for example, we resolved in MDGs 4 and 5 to substantially reduce maternal and infant mortality by 2015, and that is why we had the audacity a decade ago to embrace the overall MDG goal to reduce poverty by half for the 1.4 billion members of the human family now living in grinding, degrading poverty across our world.

Australia fully embraces the MDGs. That is why, over the past three years, we have increased our official development assistance (ODA) by 50 per cent. That is why we are on track to reach our target of 0.5 per cent of gross national income by 2015. That is why we have one of the fastest growing ODA budgets in the world — this year standing at $5 billion — despite the impact of the global financial crisis; and that is why by 2015 we aim to be among the top 10 ODA providers in the world.

In 2015, we will all be held to account on where we have succeeded and where we have fallen short against our solemn millennium commitments, one of which concerns HIV/AIDS. Figures tell the story; faces do as well. Let us start with the figures.

Over the past 30 years, 30 million have died of HIV/AIDS, and 33 million are living with HIV today. Antiretroviral treatment is now available to 6 million, resulting in a 20 per cent reduction in the AIDS death rate over the past five years. Sixteen million children have been orphaned by AIDS, and in 2009 370,000 infants were estimated to have been infected by HIV, notwithstanding the significant reduction in mother-to-infant transmission.

These figures are stark. They contain real elements of hope if, in fact, we build on them, but they also point to the dimensions of the challenge that lies before us. It is often at this point that people throw their hands up in the air in absolute despair.

Yes, the challenge is great, but we should also ask ourselves the counterfactual. What if, for the past 10 years, we had done nothing — nothing on prevention, nothing on antiretrovirals and their price-effective distribution around the world and nothing on research, where so many breakthroughs have occurred? The HIV/AIDS challenge would have become an apocalypse but for the actions of the international community, harnessed by the political deliberations of this great Assembly.

HIV/AIDS is not just about figures. It is about faces — human faces — across the length and breadth of the human family. HIV/AIDS is no respecter of persons. It is no respecter of nations. It is no respecter of gender. It is no respecter of age. It is no respecter of sexuality. It is a challenge to us all, and we must rise to that challenge together, or else we will fail.

HIV/AIDS particularly affects the poor, which is why we see its greatest impact in the countries of Africa, but also elsewhere in the world.

Over the decade since the Declaration of Commitment on HIV/AIDS (resolution S-26/2) was adopted in 2001, Australia has invested $1 billion in HIV/AIDS programmes worldwide. Australia has also increased by 55 per cent its commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria to $210 million for 2011-2012. Australia's global HIV/AIDS programmes this year amount to $172 million, focusing on Papua New Guinea, Indonesia, Viet Nam, Cambodia, Laos, Burma, the Philippines and the South Pacific, and across Africa. This annual figure will now rise significantly in the years that follow.

Our largest single programme, of course, is with our closest neighbour, Papua New Guinea, where infection rates are high. Our investment in Papua New Guinea amounts to $183 million over the five years leading up to 2013. In Papua New Guinea, as elsewhere in our global programmes, we intend to focus on infants with HIV, who somehow have slipped through the cracks in many of our global efforts.

The tragedy is that, without appropriate care and treatment, more than 50 per cent of newly infected infants die before their second birthday, and, I repeat, 370,000 babies are born each year with HIV. This is a terrible figure. That is why I have begun to work with the Clinton Health Access Initiative in Papua New Guinea. HIV infection rates in Papua New Guinea are higher than elsewhere in the Pacific, and in Papua New Guinea the challenges are real. We began working with the Clinton Initiative just a few years ago, and back in 2006 there was no testing available for infants under 18 months. Then the Initiative began and dried-blood spot testing was introduced, dedicated medication for infants and children became available, and health workers were trained in paediatric care.

The difference this has made is marked. Take the town of Goroka in the Eastern Highlands of Papua New Guinea: If we were to go to Goroka, we would find that the death rate of young children with HIV has fallen dramatically in the past few years, from 95 per cent in late 2006 to just 6 per cent in 2010. This is because of the efforts we have dedicated to this programme. This is a good news story. Australia is proud to be part of it. I am also pleased to say that we have set aside a further $11 million to extend this programme in Papua New Guinea for the next two years. That makes $25 million since 2006.

That is why Australia wholeheartedly endorses the draft declaration's commitment to virtually eliminating all infections in newborn children by 2015. This is an ambitious goal. We in Australia intend to play our part and, together with the rest of the international community, we can make a substantial difference.

To conclude, we have come to this High-level Meeting to make a difference. The draft declaration seeks to do just that. It commits us to new targets. It recognizes those groups that are the most vulnerable: women, girls and infants; men who have sex with men; those dependent on drugs; and those most marginalized and stigmatized in our community. It recognizes the need for parallel efforts in prevention, treatment and research. It calls on all of us to meet the resources gap if we are to turn around the reality we still confront today that new infections continue to outpace the availability of treatment.

But all these things will fail if Member States, in partnership with civil society, fail to act. Global declarations are not worth the paper they are written on unless they galvanize us into action.

Ten years ago, at the beginning of my political career, I visited an Anglican school in Mashonaland East, in southern Zimbabwe. There were 600 kids in the school — bright, shining, smiling faces celebrating the universal rights of childhood. As I spoke to the headmaster, he told me one-third of them were AIDS orphans. A decade later, I still remember their faces. Let us resolve for these children, and for others affected by this disease, that we will make a difference. Australia is ready to play its part, and we seek to do so with the rest of the world.

I thank the representatives of civil society here for their work. I thank Government representatives for their work. I also thank the global medical research professions for their invaluable work. I thank the co-chairs of this conference, the Permanent Representative of Botswana and my own Permanent Representative, Ambassador Quinlan of Australia. Now let the work in the field begin once again, so that by 2015 we can work and report to the world that we have in fact made a difference.

The President (*spoke in French*): I now give the floor to the representative of Kazakhstan.

Mrs. Aitimova (Kazakhstan): A follow-up to the outcome of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262) clearly emphasizes that AIDS remains a key factor of high importance to global development, public health and human rights. It is a major preclusion to the achievement of the Millennium Development Goals, since the prevalence of HIV/AIDS harms all sectors of human existence.

Despite the visionary accomplishments of the international community with regard to HIV/AIDS prevention, treatment, care and support, the epidemic remains very high on the agenda of the United Nations. It continues to outpace the response despite enormous financial investments and intellectual efforts, which have been offset by the 2008 financial downturn, donor fatigue and diminished financial inflows. These financial impediments come at a time when programmes and services are most needed to reach out more vigorously worldwide.

Since the signing of the Declaration of Commitment on HIV/AIDS in 2001, Kazakhstan has made significant progress in addressing the problem nationally. In 2009, the country enhanced its legal code by adopting legislation on people's health and the health care system, including the prevention and treatment of HIV infection and AIDS. The key provisions of this legislation aim at protecting health and human rights and have been brought into harmony with internationally agreed commitments in the field of public health and the HIV/AIDS response.

Kazakhstan has successfully implemented two multisectoral programmes to combat the HIV/AIDS epidemic through the adoption of modern standards of epidemiological surveillance of infection, expansion of the number of voluntary screenings and improvement of medical care for persons with HIV/AIDS and persons at high risk. The country has also launched effective preventive measures for the most vulnerable by strengthening awareness-raising and educational outreach services.

The HIV/AIDS response features prominently in several of the Government's main strategic documents. Kazakhstan is also promoting social change and transformation in order to eliminate the stigma and discrimination against persons with HIV/AIDS and to ensure their social protection and inclusion.

HIV/AIDS issues are under the vigilant control of the Republic of Kazakhstan's National Coordinating Council for Health, which consists of the heads of the relevant State authorities and representatives of international organizations and non-governmental organizations. The treatment, care and support of those living with HIV/AIDS, including universal access to antiretroviral treatment, are recognized by my Government as important and essential components of measures designed to combat the epidemic, with funds for these services guaranteed by the 2009 State budget and this year's budget as well.

A national monitoring and evaluation system to address HIV/AIDS has been operating in the country since 2005. In 2008, the implementation of substitution therapy for injecting drug users was also launched.

The complexity and scope of these tasks require the concerted efforts of all stakeholders, including civil society, whose support is a consideration in the creation of public policy. Emphasizing the valuable assistance of international stakeholders, my Government wishes to express its gratitude to the Joint United Nations Programme on HIV/AIDS, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and others for their invaluable support, and looks forward to further ongoing and fruitful cooperation in combating the HIV/AIDS epidemic.

The price we pay for inadequate efforts today will be unjustifiably high in the future. In this regard, Kazakhstan fully supports the Secretary-General's set of recommendations aimed at forging a rejuvenated paradigm of zero new HIV infections, zero discrimination and zero AIDS-related deaths. Kazakhstan considers it to be vital to focus on key areas, especially on ending new infections, sharing responsibility and achieving universal access. My delegation reaffirms the commitment of the Government of Kazakhstan to the global multilateral fight against HIV/AIDS and through it to the achievement of the Millennium Development Goals.

The President (*spoke in French*): I now give the floor to the representative of San Marino.

Mr. Bodini (San Marino): The Government and the people of the Republic of San Marino, which I have the honour to represent, are very thankful for and supportive of this High-level Meeting on HIV/AIDS.

Thirty years ago, we were confronted by a new killer virus that unleashed an unexpected, incurable devastating plague. Our entire world was at a loss. Over the past three decades, AIDS and related diseases have killed 27 million people — 900,000 per year, two per minute. Today, there are approximately 36 million HIV-positive individuals, that is, 0.5 per cent of our global population.

Let me quote the Secretary-General by saying "today, we gather to end AIDS". We must stop new infections. We must end AIDS-related deaths. We must wipe out the stigma that comes with this disease.

To succeed, the patients, their families, civil society, national health infrastructures and the world medical and scientific community must work together. We need new, effective prevention strategies, especially for the young and the most vulnerable. We need to reduce the cost of available medicines and improve the delivery of treatments. Through financial incentives and grants, we need to motivate the pharmaceutical industry and the scientific community to multiply their efforts to find more effective medicines and, above all, a working vaccine.

We strongly believe that the United Nations is the appropriate forum to embrace the collective efforts of Governments, civil society and the scientific community to pursue our desired goal — the end of AIDS. We must give a final positive response not only to the 36 million patients living with HIV, but also to the many millions of orphans, widows and parents of the 27 million people who have died because of AIDS in the past 30 years. We have the moral obligation to ensure a safer life for our children and grandchildren. We must be totally committed to ending this plague. We cannot afford to lose this battle.

The President (*spoke in French*): I now give the floor to the representative of the Republic of Zambia.

Mr. Kapambwe (Zambia): The representatives of Senegal and Namibia made statements on behalf of the African Group (see A/65/PV.90) and the Southern African Development Community (see A/65/PV.91), respectively, and Zambia would like to associate itself with those statements. I also wish to take this opportunity to commend the Secretary-General for his important report on this important subject (A/65/797).

Zambia is among the countries most affected by the HIV/AIDS pandemic, which has had negative social and economic impact on our people. Despite the challenges posed by the epidemic, Zambia has managed to turn the tide and score many successes in the achievement of Millennium Development Goal 6, relating to HIV and AIDS.

Guided by successive national AIDS strategic frameworks since the establishment of the National AIDS Council by an act of Parliament in 2002, Zambia has recorded significant achievements in service delivery, resulting in 70 per cent of people eligible for antiretroviral therapy receiving treatment and in 61 per cent of pregnant women accessing prevention of mother-to-child transmission of HIV. In recognition of the critical role that gender inequality plays in HIV and AIDS, Zambia has enacted comprehensive legislation on gender-based violence and developed protocols to facilitate the implementation of a national action plan on women, girls and HIV/AIDS.

Implementing creative initiatives is one thing; monitoring effectiveness is another. It is in that regard that a women, girls, gender equality and HIV scorecard has been developed in Zambia as one of the mechanisms designed to take stock of progress made to address the empowerment of women.

Other notable areas of progress include the observable signs that more young people — especially females and males between the ages of 15 and 19 — are delaying sexual debut and remaining sexually abstinent for longer periods, along with a marked increase in condom use. In addition, deliberate efforts have been made to focus on persons in prison settings affected by HIV/AIDS. Still other areas of significant gains are the greater involvement of people living with HIV/AIDS and the direct participation of communities, young people and women. It is the involvement of these groups that can further determine the course of the epidemic.

The Zambian Government recognizes the value of a concerted, multisectoral, decentralized and human rights-based response to the epidemic. To this end, the country has developed and adopted a civil society framework that is meant to build, direct and realign the capacities of all civil society organizations contributing to efforts aimed at bringing an end to the threat posed by HIV/AIDS. The Zambian Government continues to recognize HIV in all national plans and policies. In this regard, Zambia has committed itself to being a nation free of the threat of HIV and AIDS by 2030.

Despite these gains, the HIV prevalence of 14.3 per cent in Zambia still remains unacceptably high. Recognizing that we cannot treat our way out of the epidemic, the Government, at its first-ever prevention convention held in 2009, reprioritized prevention interventions with the main objective of achieving the new and more ambitious national HIV goal of reducing new infections by 50 per cent. The realization of this target will be dependent, among other things, on full, sustainable and predictable resourcing at the national and international levels.

In conclusion, let us not become complacent in our commitment to achieving universal access to prevention, treatment, care and support. We must enhance previous commitments and allocate the additional resources required to combat this scourge. The declaration that we will adopt should give us fresh impetus and direction to achieve our common goals; failure to implement it would be a huge missed opportunity.

The President (*spoke in French*): I now give the floor to the representative of Spain.

Mr. De Laiglesia (Spain) (*spoke in Spanish*): It is a great honour for me to participate for the first time in this High-level Meeting of the General Assembly.

I would like to begin by stressing the central role played by the United Nations in the response to the HIV pandemic, its key contribution to the achievements made to date, and the important leadership of the Organization in improving the response in the future.

I would first like to endorse the statement made by the representative of the European Union on this subject.

As participants know, Spain was among the European countries most affected by the HIV epidemic in the early 1990s. The epidemic at that time was mainly concentrated among drug users. The active participation of all stakeholders, the use of available scientific evidence and the commitment of policymakers contributed to the adoption of rigorous and courageous measures that have contributed to the significant change experienced by the epidemic in our country. Our epidemiological situation is now very similar to that of neighbouring countries.

Let me highlight some of the measures that, in my opinion, are more significant and have contributed to this change. They include the universal coverage of free antiretroviral therapy, the promotion of effective preventive measures such as condom use and harm reduction strategies for the entire population, including in prisons, and the very active participation of civil society in the response to the epidemic. The adoption of these early measures was not easy, but looking back now we are able to say that they were right. I would also like to mention the success of needle-exchange programmes and opiate substitution treatments in Spanish prisons, without significant security problems.

The achievement of equal rights for women and men, regardless of their sexual identity or orientation, is another important Spanish achievement of the past decade. An ethical and effective response to the HIV epidemic necessarily involves the full integration on equal terms of homosexual and transgender people into our societies. A quality affective-sexual education in schools and its adaptation to student diversity are essential to this integration process and to decreasing the vulnerability of some population groups most affected by HIV.

However, significant challenges remain, including one of particular importance. People with HIV continue to be stigmatized and discriminated against in my country and in all countries of the world. I would like to stress the importance that Spain attaches to this issue and the efforts we are making to contribute to the disappearance of this unfair situation.

My Government shares and will contribute to the achievement of targets set in the new strategies of the Joint United Nations Programme on HIV/AIDS and the World Health Organization for the period 2011-2015. To that end, we consider it essential to understand that the HIV pandemic is determined not only by biological and behavioural factors, but also by cultural, social and economic ones. Economic and social inequalities are ruptures in the social fabric that enable pandemics to spread in our communities. Effective interventions should therefore address all these aspects and pursue the removal of inequality at all levels.

The response to the HIV epidemic should be comprehensive; hence, there is a need to strengthen synergies between the response to the HIV epidemic and responses to other health problems. It is therefore of great importance to integrate this response into our health systems and to contribute to its strengthening in the areas of diagnosis, treatment and care of the disease. Strengthening health systems contributes to combating the HIV pandemic, while HIV comprehensive investment contributes to strengthening public health systems.

Furthermore, Spain is actively involved in policy dialogues to share our experiences and lessons learned with the rest of the international community. We have actively participated in the knowledge exchange network and contributed to the training of HIV experts.

I wish to conclude by recalling that Spain is committed to allocating 0.7 per cent of its gross domestic product to official development assistance in 2015 and 0.1 per cent to health within the same period, prioritizing the strengthening of equitable, quality health care systems and the effective integration of programmes aimed at the most prevalent diseases, such as HIV, and the most vulnerable groups in order to achieve the Millennium Development Goals. I conclude by reiterating that the Government of Spain is committed to responding to this epidemic and to helping those affected by it.

The President (*spoke in French*): I now give the floor to the representative of Austria.

Mr. Mayr-Harting (Austria): At the outset, I would like to thank the Secretary-General for initiating a review of the progress made since the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) in 2001. I would also like to commend the Secretary-General for his comprehensive report (A/65/797) on the implementation of the two landmark Declarations, which he released in March.

Austria fully aligns itself with the statement made by the representative of the European Union. In addition, let me make the following points that are of particular importance to my country.

Let me first stress that, since the very start of the epidemic, the Austrian Government has adopted legislation establishing stringent safety standards to prevent nosocomial infections, guarantee blood and product safety, and provide free access to HIV/AIDS testing and medical treatment. These measures have been accompanied by comprehensive information campaigns targeting the general public and specific vulnerable groups. They have also been supported by an additional package of harm-reduction programmes for people at risk, including programmes to provide clean needles and syringes and drug-substitution programmes. This has been particularly effective in the field of vertical transmission and reproductive health. Parent-to-child transmission in Austria has nearly been eliminated.

Mr. Tanin (Afghanistan), Vice-President, took the Chair.

Since 1997, Austria has instituted advanced procedures to provide access to treatment and care for all in medical facilities and extramural settings throughout the country, at no cost to patients. These protocols have dramatically decreased the numbers of both new infections and AIDS deaths.

Austria is convinced that both prevention and access to affordable medication — especially in our worst-affected partner countries in sub-Saharan-Africa — are essential. This is why we stress the importance of a comprehensive approach, including through biomedical treatment, behavioural changes and structural interventions that will modify harmful gender norms and gender-based violence. This approach should be complemented by access to comprehensive sexuality education and prevention and treatment options.

Much more needs to be done. I would like to emphasize the importance of paying special attention to the prevention needs of key populations at higher risk, in particular men who have sex with men, intravenous drug users and sex workers, as well as their clients. Protecting the health and human rights of vulnerable and marginalized groups is an end in itself, as well as essential to halting the AIDS epidemic. Austria advocates the non-judgmental, non-coercive provision of services and resources to these at-risk groups and to the communities in which they live. This approach is by no means an attempt to minimize or ignore the real and tragic harm and danger associated with the abuse of either legal or illegal drugs.

We are convinced that gender inequality and social inequity are the driving forces of the epidemic. Successful HIV prevention and treatment require serious progress towards gender equality and the empowerment of women, in particular in sub-Saharan Africa. Austria is especially worried by the increasing feminization of HIV/AIDS. Efforts need to be stepped up to guarantee women's and girls' access to sexual and reproductive health and rights information and services.

One of the factors that is contributing to the feminization of HIV infection is sexual and gender-based violence. The fate of women affected by armed conflicts and their role in peacebuilding continue to be among the priorities of Austria's policy in development cooperation, and this is also the reason why we placed such a strong emphasis on Security Council resolution 1325 (2000) during our membership in the Council.

Austria will continue to support international efforts to fight HIV/AIDS. We were very proud to have hosted the Eighteenth International AIDS Conference in Vienna in July 2010. A total of more than 25,000 attendees and 6,000 journalists participated in that groundbreaking conference.

Please allow me to reaffirm Austria's firm support for the Millennium Development Goals, including Millennium Development Goal 6. As part of this effort, Austrian development cooperation continuously supports the activities of the Joint United Nations Programme on HIV/AIDS (UNAIDS) by yearly funding its core budget. In addition, Austria has a long tradition of supporting the United Nations Development Programme Thematic Trust Fund on HIV/AIDS. Austria will continue to support the work of the relevant organizations and programmes of the United Nations family, in particular the work of UNAIDS in sub-Saharan Africa.

We note that there has been an impressive increase in development cooperation funds made available to the health sector, especially for communicable diseases such as HIV/AIDS, malaria and tuberculosis. If we keep this global momentum going, the ultimate goal of a world with no new HIV infections, no more discrimination and no AIDS-related deaths may come true.

The Acting President: I now give the floor to the representative of Ireland.

Ms. Anderson (Ireland): This year marks 30 years of AIDS — 30 years of saying good-bye to loved ones, friends and colleagues, and 30 years of fear, discrimination, isolation and destitution. But it also marks 30 years of fighting back, of care and of protection — first by pioneering individuals and later by Governments and the global community.

Our discussions this week are suffused with hope and determination. We know that the tide has turned. The statistics we have heard throughout the week tell the story, but the challenges remain daunting. In the long war on AIDS, some of our biggest battles lie ahead.

At the High-level Meeting five years ago, Ireland made a very specific commitment. We pledged to spend over €100 million annually on HIV and AIDS and other communicable diseases. I am honoured to report that Ireland has kept that promise over the intervening years. Indeed, we have more than fulfilled it. In the five years from 2006 to 2010, the Irish Government spent a total of €695 million of our official development assistance (ODA) funds on fighting AIDS and other communicable diseases. In dollar terms at today's rate, that amounts to almost $1 billion.

Today, as most here know, we are facing hugely challenging economic circumstances in Ireland, but we are determined to keep our shoulder to the wheel. In the current year, we will allocate just over €100 million of our ODA budget — that is, over $145 million — to the fight against AIDS and communicable diseases.

In parallel with this financial commitment, we maintain a deep policy engagement. Ireland is a member of the Point Seven Constituency of the Global Fund. Last month, we assumed the chairmanship of the Constituency and will hold that role over the coming two years. As Constituency Chair, we have a seat on the Board of the Global Fund. We intend to ensure that our voice on the Board is a strong and purposeful one.

This has been a good week in terms of recognition by the international community of the depth and breadth of the AIDS challenge. We are pleased that, on the eve of the High-level Meeting, the Security Council turned its attention — for only the second time — to the link between HIV/AIDS and international security. We are also very encouraged by the scope and substance of the political declaration that will be adopted at this Meeting.

A number of the themes that have been central to discussions throughout our Meeting resonate very strongly with Irish policies: the fact that prevention must be at the core of our efforts; the key role of education; the importance of an integrated response to HIV, and the consequent need for all of us to insist even more firmly on "One United Nations".

There are two areas of particular priority for Ireland, which lie at the heart of our response: the particular needs of women, and the human rights dimension.

Let us recognize a stark truth: the fight against HIV and AIDS is unwinnable unless the international community does more to protect and empower women. We know that women are the most affected by the HIV pandemic. We also know that women are suffering disproportionately during the current food, fuel and climate crises. These interwoven vulnerabilities must be addressed in a resolute and integrated way. We look to the newly established UN-Women to make a decisive contribution to that effort.

The other priority I wish to underline relates to respect for human rights and the fight against stigma and discrimination. Ireland unreservedly supports the call for zero discrimination. It is intolerable that, decades into our war on AIDS, discrimination still persists against people living with HIV and against key populations. Discrimination violates human rights and human dignity; it also stands in the way of effective prevention, treatment and care. All of us are challenged to work harder for a transformation of social attitudes. For our part, Ireland pledges its continued solidarity and support to those whose lives are in danger and are persecuted.

At a time of financial constraint, value for money through good investments and improved efficiencies is more important than ever. The United Nations must continue to lead our efforts to ensure that resources are spent effectively. That means an end to duplication of effort, a strengthening of coordination on the ground, a trustworthy system of monitoring and evaluation, and a single-minded focus by all on achieving results.

Finally, I want to recognize the importance of leadership. It costs nothing but is vital to our combined efforts. This High-level Meeting encourages all of us to refocus — to strengthen our ambition, our resolution and our sense of common purpose. It leaves us more determined than ever to stand up and speak out on behalf of those affected by HIV and AIDS and those at risk.

The Acting President: I now give the floor to the representative of Myanmar.

Mr. Than Swe (Myanmar): Thirty years ago this month, the world came to realize the scourge of HIV/AIDS. Since then, over 25 million people have perished due to AIDS, and an estimated 33 million people are still living with HIV.

We have a better understanding of HIV/AIDS than we did three decades ago. However, despite the collective efforts made by all stakeholders, more than 7,000 people are newly infected with the HIV virus each and every day.

Weak national infrastructures, financing shortfalls, discrimination and gender inequality continue to destabilize efforts to achieve universal access to HIV prevention, treatment, care and support. We are of the view that the current commitments and accomplishments in the context of sustaining the global HIV/AIDS response are inadequate.

At this juncture, Myanmar strongly supports the five recommendations made by the Secretary-General to strengthen the AIDS response. The mobilization of sufficient financial resources and the necessary assistance from the United Nations and the international community are indispensable to effectively implement the recommendations.

In Myanmar, an HIV surveillance team was formed in 1985, and the first HIV-positive person was found in 1988. From then on, we included HIV/AIDS as one of the major diseases in our national health plan.

Myanmar is on par with the international community in its efforts to fight HIV/AIDS. The national AIDS programme is now being coordinated with various stakeholders, including seven United Nations agencies, non-governmental organizations and civil society. We are implementing HIV/AIDS prevention and care activities in accordance with the "Three Ones" principles. Greater participation by people living with HIV/AIDS has been achieved in coordination with United Nations agencies, non-governmental organizations and civil society.

Myanmar has already launched a new national strategic plan for AIDS covering the years 2011 to 2015. Despite the fact that 76,000 people require antiretroviral treatment, at the end of 2010 only 30,000 AIDS patients were receiving such treatment. Even with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Three Diseases Fund, there is still a widening resource gap, especially for antiretrovirals.

With limited resources and meagre international support, Myanmar has tried its best to fight HIV/AIDS. As a result, we have made remarkable progress in our national AIDS response. HIV prevalence among all key populations has begun to decline. HIV prevalence among the adult population aged 15 to 49 decreased from 0.94 per cent in 2000 to 0.61 per cent in 2009.

According to the 2010 Joint United Nations Programme on HIV/AIDS (UNAIDS) report on the global AIDS epidemic, Myanmar is one of the 20 high-impact countries identified as having a decreasing HIV prevalence. Myanmar remains committed to intensifying joint actions to achieve better results in prevention and treatment, which will make a significant contribution to dramatically reshaping the AIDS response so as to reach zero new HIV infections, zero discrimination and zero AIDS-related deaths.

We are deeply inspired by the new global vision on HIV, "Getting to zero", and Myanmar is resolved to make strenuous efforts and work together collaboratively in the fight against the pandemic.

The Acting President: I now give the floor to the representative of Ethiopia.

Mr. Alemu (Ethiopia): Ethiopia attaches great importance to this High-level Meeting, and I would like to express my delegation's appreciation to the Secretary-General for his comprehensive report (A/65/797).

I wish to thank the Executive Director of the Joint United Nations Programme on HIV/AIDS for his leadership and commitment. We also wish to express our appreciation to the Secretariat and to the co-sponsors of UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Government and other bilateral and multilateral donors for their generous support to complement Ethiopia's HIV/AIDS response.

We wish to associate ourselves with the statement made by the representative of Senegal on behalf of the African Group.

We have come a long way since AIDS was defined as a new disease. Due to the extraordinary leadership and commitment of Governments, scientists, health professionals and many others, we have been able to make significant progress in the fight against HIV/AIDS. In Ethiopia, due to the sound political leadership and commitment of the Government and the support of partners, new HIV infections have significantly declined. HIV prevention, treatment, care and support have become part of the overall national development agenda and been mainstreamed as cross-cutting issues in Ethiopia's development policies and strategies.

The accelerated expansion of primary health care facilities, coupled with the decentralization of HIV and AIDS services, has increased access to HIV services. For instance, the number of people who have been tested annually grew from 564,000 in 2005 to 9.4 million in 2010. We have expanded free antiretroviral therapy and, as a result, there has been meaningful improvement in the survival and quality of life for people living with HIV. Progress has also been made in the prevention of mother-to-child transmission. In addition, the deployment of health extension workers in rural areas has helped to create a popular movement against HIV and AIDS and active engagement at the community level.

Despite the progress made against the epidemic, the fight has still not been won; far from it. That is especially so with respect to low-income countries. Insufficient and unpredictable funding and the high cost of treatment programmes have threatened the ability of countries to provide universal access to antiretroviral therapy. In many low-income countries, significant proportions of people living with HIV still lack access to treatment. Similarly, due to low access to prevention of mother-to-child transmission services, millions of babies are still born with HIV and many more children have been orphaned by the epidemic.

Obviously, it is vital that we renew our political commitment and partnership to sustain the progress made. It is critical to accelerate access to treatment for millions of people in low-income countries in order to prevent people dying, as well as the transmission of HIV. International cooperation and the availability of predictable funding are of paramount importance to supplementing national efforts.

The President returned to the Chair.

Permit me to conclude by announcing that Ethiopia, in collaboration with the Society for AIDS in Africa, will host the sixteenth International Conference on AIDS and Sexually Transmitted Infections in Africa towards the end of this year. The Conference will be held from 4 to 8 December in Addis Ababa under the theme "Own, scale up and sustain". It is our strong conviction that the Conference will serve as an important platform for advocacy, the exchange of best practices, and scientific knowledge of HIV and AIDS and other sexually transmitted infections. I invite participants to come and join us at that exceedingly important event.

The President (*spoke in French*): I now give the floor to the Permanent Representative of Costa Rica.

Mr. Ulibarri (Costa Rica) (*spoke in Spanish*): This High-level Meeting has gathered together more than 3,000 people united in the common goal of putting an end to HIV and AIDS. However, success will depend on a fundamental change in our response if it is to outpace the epidemic.

As a point of departure, more targeted, efficient and sustainable interventions are needed. We must also eliminate stigma and discrimination, promote gender quality and protect the human rights of all regardless of their sexual orientation or their HIV status. If we do not, we will be unable to keep the promise of universal access to HIV prevention, treatment, care and support.

Prevention must certainly be the cornerstone of national, regional and international responses. However, we can move forward in that task only if we share epidemiological evidence, which is universal, and focus on the key affected populations and the most vulnerable. We must say loudly and clearly that we must work with and for men who have sex with men, sex workers, injecting drug users, and women in particular. We must prevent political or ideological beliefs from interfering in that task of basic humanity. In order to make a real difference in the development of the epidemic and to take this unique opportunity to reverse its progress, we must promote public health on the basis on facts and empirical evidence, without conditions or prejudice.

Still in the area of prevention, we welcome the establishment of more ambitious goals with regard to vertical transmission. The successful experience of my country, where we have had no cases of prenatal HIV infection in the past two years, shows that that goal is possible, even in developing countries, with the implementation of appropriate policies.

Another fundamental component of the fight is to ensure the availability of antiretroviral medicines at accessible prices for all countries. Costa Rica has a broad coverage of health care services, and antiretrovirals are available to 100 per cent of patients who need them. However, in order to address the increasing population of those living with HIV in our country and in the world, we must strengthen health care services, which includes generating the necessary mechanisms to ensure ongoing and sustained funding for the purchase of antiretrovirals. In that regard, implementing the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights at the national level has proved important. We must also work on new treatment methods and invest in research to speed up the discovery of a cure and to develop vaccines.

Stigma is certainly the greatest obstacle to achieving speedy progress in response. We must eliminate stigmatization and discrimination in society, at work and in health care. That will require effective legislative reform, but it is not worth legislating if standards are not appropriately implemented.

The feminization of the epidemic is also a reality. Reversing its development will be possible only if we promote gender quality and the empowerment of women and children. It is necessary to overcome the social and legal inequalities that prevent women in particular from adequately protection themselves. Likewise, a vision of zero tolerance of gender-based violence must be the focus of our efforts. We must widely include men and young people in programmes towards that end.

In the United Nations, we must ensure that the staff of the Organization and of troop- and police-contributing countries deployed in peacekeeping and peacebuilding operations and on special political missions are a force to combat gender-based violence, sexual exploitation and abuse. In that regard, Costa Rica welcomes the Security Council's adoption in June of resolution 1983 (2011) under Gabon's presidency. We believe that further work is necessary on that human dimension of the security sector.

Finally, we emphasize the importance of strengthened leadership in order to bring an end to the epidemic. In that context, people living with or affected by HIV/AIDS must play an essential role. By the same token, the empowerment and participation of young people, particularly those living with HIV, in designing, implementing, monitoring and assessing the policies and programmes to combat HIV/AIDS have been shown to achieve excellent results.

The President (*spoke in French*): I now give the floor to the representative of Montenegro.

Mr. Šćepanović (Montenegro): It is a great honour to address this extraordinary gathering on a matter that so deeply affects the whole world, especially marginalized and vulnerable sectors of society. Montenegro aligns itself with the statement delivered by the delegation of the European Union.

The extremely high rate of HIV infection in some parts of the world and the high rate of death that follows the development of AIDS indicate that the pandemic is truly a global threat to health, development, quality of life, security and stability. Clearly, progress in combating HIV/AIDS is directly linked to a broader international development agenda and represents a prerequisite for reaching universal development targets.

While the worst effects of the HIV/AIDS epidemic are seen in sub-Saharan Africa, Eastern European countries are witnessing alarming yearly increases in infection rates. While every country may not be equally affected, the epidemic affects the whole region and is therefore an issue that must be addressed together by all countries of the region.

The current HIV/AIDS prevalence rate in Montenegro is 0.013 per cent, but regional trends indicate a real potential for the rapid spread of HIV if prevention is not improved among key target groups. The cumulative number of people registered with HIV since 1989 is 119, of whom 65 developed AIDS and 33 died.

The Government of Montenegro is strongly committed to combating HIV/AIDS at the country level. The first national HIV/AIDS strategy for Montenegro, partially financed by the Global Fund, was a good basis for HIV/AIDS prevention efforts. It placed special focus on safe blood, populations most at risk and improved diagnosis, treatment and care for persons living with HIV/AIDS. Through the implementation of the strategy, Montenegro has made significant progress as follows: national guidelines and protocols for the prevention and treatment of HIV/AIDS have been published; existing laws and policies have been revised and new ones adopted; key target groups have received necessary materials and information about HIV prevention and medical services; capacities have been strengthened for health workers, prison staff, peer educators, youth and non-governmental organizations and Government monitoring and evaluating institutions, including biological behavioural surveillance.

A national coordination body, established to ensure among partnerships a common focus and appropriate response in tackling complex medical, social, legal and human rights issues raised by HIV/AIDS, has developed a project for supporting the implementation of the national strategy to combat HIV/AIDS in Montenegro. The project has been singled out at some regional conferences as one of the most successful in the Eastern European region.

The success achieved must be maintained and national response intensified to provide universal access to key interventions in the field of HIV/AIDS prevention and treatment. Thus, Montenegro is considering ways to increase its efforts to respond to the remaining major challenges, such as stigmatization and discrimination and the lack of necessary research, data, technical expertise and human resources within the Government. In that context, sustainable and long-term financing and more active involvement of the private sector will be important.

Towards that end, the new national strategy to combat HIV/AIDS for the period 2010-2014 was adopted. Through the strategy, Montenegro aims to maintain its status as a country with a low HIV infection rate, ensure universal access to HIV prevention and treatment and improve the quality of life of people living with HIV through a coordinated multisectoral response. The strategy has eight strategic programme areas that focus on creating a safe and supportive environment; HIV prevention among clearly defined target groups; treatment, care and support for people living with HIV; and response coordination based on existing evidence.

In conclusion, HIV/AIDS clearly represents both an immediate and a long-term crisis for the international community that cannot be addressed simply by a traditional State-centric approach. A successful response is possible only when global solidarity exists to create strong leadership and commitment, increased international coordination and cooperation to build on existing efforts and avoid overlapping, along with sustainable long-term strategies and funding and the participation of all relevant stakeholders. It is imperative to note that this will not take place without the crucial involvement of the United Nations agencies and programmes, which have already played a significant role in leading the international response.

The President (*spoke in French*): I now give the floor to the representative of Cyprus.

Mr. Hadjimichael (Cyprus): The year 2011 marks 30 years of AIDS and 10 years since the adoption of the Declaration of Commitment on HIV/AIDS in 2001 (resolution S-26/2). Three decades into the epidemic, the struggle goes on. Over the past 30 years, the HIV/AIDS pandemic has left no corner of the world untouched, affecting progress and development in many countries and challenging the Millennium Development Goals.

Cyprus subscribes to the statement made earlier by the representative of the European Union (EU). I would like, however, to make some additional comments from a national perspective.

In Cyprus, HIV/AIDS infection is at a low prevalence rate of 0.1 per cent of the population. The Government, since AIDS first appeared in Cyprus, has made the issue one of its highest priorities. We have set up time-bound plans of action against the epidemic, which are systematically updated and adjusted based on new knowledge, experience and technological advances. Cyprus's policy is formulated in line with EU directives and in close cooperation with its EU and other international partners. In 2008, the national epidemiological surveillance was upgraded to conform with the requirements of the Euro-HIV project.

The prevention of HIV and protection of human rights are the cornerstones of our new 2010-2014 strategic plan. All competent governmental authorities, the private sector, civil society and non-governmental organizations actively promote the inclusion of representatives from all parts of society, especially the vulnerable, in efforts to spread public awareness and alleviate stigma and discrimination.

Treatment, including combination antiretroviral therapy, care, voluntary counselling and testing are provided free to all citizens of the Republic and the EU, as well as to political refugees. Data patterns regarding HIV infection in Cyprus present a stable and consistent trend. Nevertheless, the Government continues to strictly monitor the situation by conducting studies to assess threats posed by factors linked to the virus, such as the trafficking and use of drugs and concentrated population movements to and from Cyprus and across the dividing line.

The battle has not yet been won and we have not yet done enough. On the road ahead, political leadership will be indispensable and a major asset in our response to AIDS. But practical and financial support will be equally essential.

Health and HIV/AIDS are important thematic priorities of CyprusAid, the development cooperation service of the Republic. Several health projects have been financed by CyprusAid in the area of HIV and sexual and reproductive health rights. As of 2010, more than €2 million had been channelled to specific health projects, which have either been completed or are under implementation, in the prevention and treatment of HIV/AIDS and for fighting malnutrition in people affected by the epidemic.

In 2009, Cyprus joined the International Drug Purchase Facility, the leading group in innovative financing, and we have actively participated with a contribution of €2.5 million over a six-year period. Innovative financing mechanisms play a very important role in the mobilization of resources and should be encouraged and further explored.

In conclusion, Cyprus joins the international community in renewing the promise to work with diligence and determination globally, regionally and nationally at the highest political level in order to achieve our commitment to ultimately realizing our common objective of halting and reversing the spread of AIDS. The political declaration that will be adopted by this body will send a strong message across the globe that the international community is determined and united to do everything possible for a world free of HIV/AIDS.

The President (*spoke in French*): I now give the floor to the representative of Bahrain.

Mr. Almansoor (Bahrain) (*spoke in Arabic*): First of all, I would like to commend the United Nations, in particular the Joint United Nations Programme on HIV/AIDS, for combating HIV and AIDS, as well as relevant international organizations for their efforts, especially in prevention and epidemiological monitoring and treatment. The HIV virus is one of the most significant challenges of our time. Over the past 30 years, AIDS has caused the deaths of more than 30 million people and created more than 16 million orphans.

Nonetheless, the virus has struck different areas of the world in different ways. In Bahrain, we are less affected by this virus than are other areas. This is perhaps because of our social system, which is based on religious beliefs and traditions and the family. Still, we share the concerns of the international community in addressing this terrible enemy that knows no borders and has no mercy.

We are pleased that, 30 years after the outbreak of the disease, the efforts of the international community and Governments have had an impact. Positive programmes have been adopted. Nonetheless, financial shortfalls constrain the efforts of developing countries, especially in national capacity-building. The high cost of medications due to trade and intellectual property barriers and copyrights demands immediate and serious action by the international community.

In Bahrain, according to our statistics, the seropositive population has risen by 380 cases since 2010, with 16 people infected that year. Statistics and research show that the worst-affected people are drug users, especially intravenous drug users who share syringes. We note that 30 per cent of drug users share their syringes. Sex is the second main means of transmission in Bahrain.

Despite the low prevalence of HIV/AIDS in the Kingdom of Bahrain, we are undertaking efforts at three different levels — primary, secondary and third-level prevention — in order to meet the "three zeros" objectives: zero new infections through prevention programmes at the primary level, including early diagnoses to prevent complications of the disease; zero AIDS-related deaths; and zero discrimination.

The Kingdom of Bahrain supports the United Nations efforts to combat HIV/AIDS. Its political commitment in that regard is at the highest level. We have set up a national prevention committee. Many governmental and ministerial bodies are involved under the auspices of the Ministry of Health. We have drafted a multisectoral strategic plan, integrated into the action plans of various ministries, to combat the disease. People living with HIV/AIDS and the representatives of civil society and the private sector were involved in drafting the plan.

Through primary and secondary health care treatment for HIV-positive people and people living with the disease, the national prevention committee provides up-to-date, high-tech health care and services that are easy to access and free of charge. We also provide them with free prevention services and medications. The committee has also launched awareness-raising campaigns on how to avoid contracting the disease and its complications.

Finally, the Kingdom of Bahrain believes that societal partnership between Government and non-governmental bodies is the best way to achieve our aims of combating and containing the epidemic, while guaranteeing the fundamental rights of people living with the disease. We support all efforts to curb the spread of HIV/AIDS through United Nations resolutions and initiatives and relevant health care organizations.

The President (*spoke in French*): I now give the floor to the representative of Liechtenstein.

Mr. Wenaweser (Liechtenstein): For over three decades, the HIV/AIDS epidemic has caused immense suffering in countries and communities throughout the world and has had a devastating impact on development and human rights. Ten years after the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and five years after the 2006 Political Declaration on HIV/AIDS (resolution 60/262), this High-level Meeting emphasizes that the fight against the epidemic remains one of the highest priorities of the international community.

Many of the ambitious development goals we have set ourselves crucially depend on our success in combating this epidemic. Within the framework of the Millennium Development Goals and elsewhere, the United Nations campaign to fight the spread of HIV/AIDS has proven effective and can be considered a success story of the United Nations system. In this regard, we particularly commend the Joint United Nations Programme on HIV/AIDS for its leadership role on HIV policy and coordination.

While the progress made in containing the spread of HIV/AIDS is encouraging, the epidemic continues to outpace our response. Despite notable successes in individual countries, we seriously risk failing to achieve universal access to prevention, treatment, care and support for people affected by HIV/AIDS. There are still too many barriers — national, international, legal, financial, social and cultural — that undermine efforts to provide such universal access. Only a comprehensive strategy that addresses all aspects of this complex phenomenon will enable us to deliver on our commitments. The measures contained in the draft political declaration in this regard point in the right direction.

HIV/AIDS is as much a human rights imperative as it is a health and development crisis. We note that several countries have positively contributed to destigmatizing people affected by the epidemic, for example by lifting related travel and residence restrictions.

At the same time, we are concerned about ongoing discriminatory legal and factual situations in different countries. The criminalization of homosexuality in almost 80 countries continues to be an obstacle to effectively addressing the epidemic. The social and economic marginalization of populations at higher risk of HIV infection, such as people who use drugs, sex workers and men who have sex with men, often prevent them from fully enjoying their human rights and fundamental freedoms, in particular the right to health.

An adequate response to HIV/AIDS must fully recognize all the structural determinants of HIV risks and vulnerabilities. It must address, in particular, the gender dimension of the epidemic. Women are disproportionately vulnerable to HIV/AIDS, and their specific situation must be taken into account.

In this regard, granting universal access to sexual and reproductive health services has proven effective in preventing HIV/AIDS and contributes, in particular, to the elimination of mother-to-child transmission. While we welcome the acknowledgement in the draft political declaration of the importance of providing universal access to sexual and reproductive health care, we regret that the opportunity was missed to address the human rights dimension of this question.

Achieving Millennium Development Goal 6 by 2015 remains an enormous challenge, especially since, for the first time in 10 years, the international resources needed to sustain this process have not increased.

Liechtenstein continues to be committed to this goal, as we continue to support the Global Fund and other HIV/AIDS-related projects with a priority on prevention and vulnerable groups, in particular children. We believe that a strong emphasis on prevention is the cornerstone of an effective long-term strategy that delivers sustainable results. In order to successfully ensure prevention in low-income and high-income countries alike, we need to improve knowledge about HIV/AIDS and the risk of HIV infection.

Our meeting comes at a crucial time, when we can still achieve the goals that we have agreed to. The vast amount of experience and lessons learned in the fight against the epidemic has allowed us to conduct a thorough review and a substantive evaluation of our endeavour to fight the epidemic. The draft political declaration provides a strong foundation for a concerted, targeted and comprehensive global response to the epidemic. We are confident that this High-level Meeting will foster the exceptional action against HIV/AIDS that is needed to overcome the many obstacles that are still in our way.

The President (*spoke in French*): I now give the floor to the representative of Colombia.

Mr. Ruiz (Colombia) (*spoke in Spanish*): At the outset, allow me to apologize on behalf of the Permanent Representative of Colombia, Ambassador Néstor Osorio, for having been unable to be here today as he would have wished. Ambassador Osorio is accompanying Secretary-General Ban Ki-moon on his official visit to my country.

The Government of Colombia remains committed to combating the HIV virus in order, together with other Member States, to reverse the pandemic's trend and guarantee universal access to HIV prevention, treatment, care and support. In recent years, Colombia has implemented inclusive strategies that have helped to reduce the existing barriers to universal access to prevention and comprehensive care. These include strict monitoring of blood transfusions, the creation of a national HIV/AIDS observatory, the prevention of perinatal transmission and universal access to antiretroviral therapy through the comprehensive national social security system for health, which provides antiretroviral therapy to more than 80 per cent of patients identified as seropositive.

Although the epidemic in Colombia is concentrated among the groups most vulnerable to HIV, the country shares the emerging major international concern over the fact that more than 50 per cent of those living in the world with HIV today are women. Colombia has therefore adopted strategies to promote gender equality and social and economic empowerment for women and girls in an endeavour to reduce their vulnerability to HIV.

Given the large percentage of young people and adolescents living with HIV, Colombia has developed national policies to improve that group's access to information on sexual and reproductive health, condom use and the enhancement of their ability to more effectively deal with their HIV risk factors. My country has also set more demanding goals aimed at reducing prevalence in order to decrease the number of new cases and AIDS-related deaths.

Colombia believes that it is necessary to do away with barriers to free trade and substantially cut the costs of diagnostic tests and antiretroviral medicines in order to foster access to prevention and comprehensive quality care. Such access will be facilitated if we manage to reduce stigmatization and discrimination against those most vulnerable to HIV.

Colombia also believes that the success of the international response to the HIV epidemic must be based on strategies to improve prevention and ensure universal access to such measures. We cannot delay improving the quality of information on the incidence of HIV cases in the most vulnerable groups and in strengthening our monitoring and evaluation capacities at all levels.

Colombia fully supports the goal of achieving, as soon as possible, zero new cases, zero stigmatization and discrimination and zero HIV/AIDS-related deaths. This must be the fundamental response that the international community collectively adopts in dealing with the HIV/AIDS epidemic. To that end, we must strengthen health care systems and research and the development of new strategies for prevention, treatment and a possible cure for HIV.

We have to come up with new sustainable sources of funding that are coordinated, monitored and transparently accountable. An appropriate response to the HIV/AIDS pandemic also demands renewed political will on the part of all countries, greater international interest in understanding specific national contexts and a clear commitment to allocating resources that will allow universal access to prevention and comprehensive care for HIV/AIDS.

To conclude, the Government of Colombia once again reiterates its decision to continue to take effective measures to monitor and assess the epidemic's development, prevent its spread, promote early diagnosis, reduce the number of early onset AIDS cases and of resistance to antiretroviral medicine, and improve the quality of life of those living with HIV/AIDS.

The President (*spoke in French*): I now give the floor to the representative of the Czech Republic.

Mrs. Hrdá (Czech Republic): We have assembled here to review the progress made in combating the AIDS epidemic around the world. I would like to congratulate you, Mr. President, on having convened such a successful and well-attended High-level Meeting. The quality of the parallel round tables has undoubtedly contributed to furthering our common understanding of the campaign's main aspects. I am also pleased to say that we consider the draft political declaration that we are about to adopt to be a comprehensive and ambitious agenda for the years to come.

The Czech Republic is convinced that the fight against HIV and AIDS can be effective and sustainable only if it targets the groups that are most at risk — particularly injecting drug users, men who have sex with men, and sex workers — as well as the geographic areas that are most affected by HIV and AIDS. Efforts must be linked to the development of strong health systems delivering comprehensive health services. They should focus on effective primary preventive measures, the promotion of responsible and safe sexual behaviour, and the implementation of harm-reduction measures in response to the HIV epidemic.

For injecting drug users, the group most affected in the Czech Republic, the need for universal access to a comprehensive harm-reduction package of interventions has been emphasized by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS. The Czech Republic included harm-reduction measures as one of the four pillars of its drug policy as early as 1999. Its main objective was to reduce the potential risks and harmful effects of every type of drug, as well as the economic, health and social impact of their use, on individuals and society as a whole. The most recent evaluation of our drug policy strategy showed that the Czech Republic has been one of the most successful countries in achieving its strategic harm-reduction goal of maintaining low rates of infectious diseases, including HIV/AIDS, and other health consequences related to drug use.

We attach great importance to achieving the Millennium Development Goals (MDGs). We emphasize the significance of MDG 6, relating to preventing the spread of HIV and AIDS; of attaining all the MDGs; and of the close links and interdependence of MDGs 4, 5 and 6. The Czech Republic integrates its response to AIDS into its broader development strategies and programmes. Both bilaterally and in close cooperation with the United Nations Development Programme, we have implemented evidence-based prevention programmes in some of the worst affected countries in Eastern Europe and the Commonwealth of Independent States region, where the number of infected people is rising, for example in Ukraine, Belarus and Tajikistan.

The thirtieth anniversary of the first reports of a new disease is an important opportunity for giving the AIDS campaign new political impetus. I believe that the High-level Meeting and its outcome are good evidence that we have not missed that opportunity.

The President (*spoke in French*): I now give the floor to the representative of Italy.

Mr. Ragaglini (Italy): I am honoured to address the High-level Meeting on behalf of Italy. While we fully align ourselves with the statement of the European Union, I would like to share some additional thoughts and underline the importance we attach to the fight against HIV/AIDS.

Since the historic 2001 special session on HIV/AIDS, great progress has been made in the fight against one of the deadliest diseases of our times. While much has been achieved, however, still more needs to be done. The goal of a world with zero new infections requires greater efforts and commitment from everyone represented here today: Governments, civil society and the United Nations system.

Fighting HIV/AIDS is a priority for Italy. We are committed to this battle, not only within our national borders but also in working with our partners in the developing world. Prevention is at the heart of our strategy, and a successful strategy requires a holistic approach, combining the benefits of science and social policies. With regard to drug abuse, in October the Italian Government approved a national anti-drug action plan that recognizes that drug addiction is a preventable, treatable and curable disease and that the health of users should be protected by a continuum of care aimed at the full recovery of the individual and at preventing drug-related diseases such as HIV infection, hepatitis and tuberculosis.

In this regard, we believe that harm-reduction programmes — applied in isolation and outside a medical context that is focused on the treatment, rehabilitation, reintegration and recovery of drug addicts — will not produce the best possible results in the long term and will have less preventive impact. This is why we advocate consideration of the additional concept of risk reduction — which is more directly linked to the prevention of HIV infection — and the linking of harm reduction to the technical guide jointly issued by the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the United Nations Office on Drugs and Crime.

Fighting the disease is also a main concern of our development cooperation health policies. Italy fully subscribes to the development strategies outlined in the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. We believe that national ownership, alignment with national policies and mutual accountability are also cornerstones of the fight against the disease. Italian development policy, as outlined in the guidelines on Italian health cooperation, treats the fight against AIDS and diseases such as tuberculosis and malaria as an integral part of its strategy for strengthening the structure of health systems and integrating health services. In that context, improving health care human resources must take precedence. Strengthened health systems and increasing the number of health-care workers in the fight against AIDS will also have a positive impact on maternal, newborn and child health, thus contributing to the achievement of the health-related Millennium Development Goals.

On that subject, we would like to recall the important role played by the Global Fund to Fight AIDS, Tuberculosis and Malaria, to which Italy has contributed more than $1 billion since its inception at the Group of 8 summit in Genoa in 2001. Despite current budgetary constraints, the Global Fund remains one of the most effective tools in the field of global health, and we are convinced that the reforms the Fund has undertaken to improve efficiency and accountability and the drafting of its new strategy confirm its essential role in achieving the Millennium Goals in the coming years, especially that of containing and ultimately defeating the scourge of HIV/AIDS.

This disease has upended the lives of many families and hindered the economic development of large areas of our planet, making it impossible for children to go to school and perpetuating a vicious cycle of poverty. It is difficult to envision universal access without helping such poor families, so heavily afflicted by the consequences of the disease, and giving them a chance to carry on with their lives. Let me also underline the crucial impact of support for the fundamental human rights of people living with AIDS, as well as the need to pursue gender equality policies and the empowerment of women as a milestone in preventing the spread of the HIV/AIDS epidemic in sub-Saharan Africa. In recognition of the crucial role of women in Africa's development, Italy is a strong supporter of the "Walking Africa Deserves a Nobel" campaign, aimed at proposing African women for the 2011 Nobel Peace Prize.

These are some of the reasons why we fully support the political declaration that will be adopted at the end of this Meeting, which we believe will help to realize the Secretary-General's vision of a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths.

The President (*spoke in French*): I now give the floor to the representative of Afghanistan.

Mr. Rasuli (Afghanistan): It is an honour to take part in this historic gathering, which brings together a broad and diverse group of relevant stakeholders, including Member States and civil society, to take stock of both the progress made and the challenges that have arisen in the past 30 years in addressing HIV/AIDS.

I should like to take this opportunity to reiterate Afghanistan's full commitment in the global fight against HIV/AIDS. We are working closely with our development partners to strengthen national efforts for an effective response to HIV/AIDS. We have initiated a number of important measures at the national level in this regard. These efforts continue within the framework of the activities of our Ministry of Public Health, civil society and other segments of Afghan society.

We have aligned our HIV/AIDS response efforts with the national development strategy of Afghanistan and the Millennium Development Goals, both of which are being pursued as a matter of high priority.

Despite the current security constraints in Afghanistan, we have managed to provide HIV/AIDS services covering prevention, treatment and care, even in the most insecure and remote provinces. The implementation of voluntary counselling and testing services as part of the basic package of health services across the country has successfully increased the provision of HIV testing and provided a key entry point to life-sustaining care and treatment, which is essential for the prevention of the vertical transmission of HIV.

While poverty is a critical underlying driver of the epidemic in Afghanistan, the Government aims to minimize any social or economic barriers to accessing health services by providing care free of cost in order to improve the health of all Afghans. This is especially true of the HIV response, through which the Government, in partnership with civil society, reaches out to the most vulnerable segments of our society: drug users, prisoners and sex workers.

Furthermore, as stigma and discrimination are continuing obstacles to accessing prevention and care services, our Ministry of Public Health has stepped up efforts to decrease stigma and discrimination by means of continuous information, education and communication campaigns.

Our programme and priorities are encapsulated in the national HIV/AIDS policy and the new HIV/AIDS strategy 2011-2015, which serves as a guide to achieving the goal of zero new infections, zero stigma and zero AIDS-related deaths in Afghanistan.

In conclusion, I wish to reiterate Afghanistan's firm commitment in the context of its national response to address HIV/AIDS in an effective and sustainable manner. We look forward to continued collaboration with all relevant international partners in attaining our common goals and objectives.

The President (*spoke in French*): I now give the floor to the Permanent Representative of the Bahamas.

Ms. Bethel (Bahamas): It is an honour for me to address the General Assembly on behalf of the Prime Minister of the Commonwealth of the Bahamas.

Our Government reaffirms its commitment to the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262).

The Bahamas also aligns itself with the statement made by the Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community.

I thank the Secretary-General for his comprehensive report (A/65/797). Some may say that the "three zero" goals are unrealistic and unachievable by 2015. We cannot afford to be sceptical about what we must achieve if we are to save future generations.

The Bahamas HIV/AIDS programme is now 25 years old and has had many successes. I am pleased to report that in 2010 no child was born in the Bahamas infected with HIV and that the AIDS mortality rate has been declining since the introduction of universal access to antiretroviral therapies in 2001.

Nonetheless, while we celebrate our successes, we recognize that challenges remain, including in the context of our efforts to give greater priority to prevention endeavours. Successive Governments of the Bahamas have directed significant resources towards strengthening the country's national health-care system and controlling the HIV epidemic. We must not allow national, regional or global economic conditions to deter our efforts to achieve zero new infections, zero discrimination and zero AIDS-related deaths.

In the Bahamas, the epidemiological profile is showing a shift, with HIV disease occurring in the younger population. Our 2009 knowledge, attitude, perception and behaviour study identified vulnerabilities among adolescents 15 to 19 years of age. The study showed that emancipated youth are challenged in accessing health services. To counter that situation, new legislation would permit health-care providers to treat under-age young people not accompanied by a parent or guardian who seek care for sexually related issues. Findings also show that prevention efforts must target those most at risk and marginalized groups that do not seek health-care services.

There is growing poverty among infected and affected young people, orphans, mothers and their families. This requires greater resource mobilization from and by all stakeholders. There is a need for continued investment in high-quality sexual and reproductive health services for all ages and for the empowerment of girls and women to become their own advocates for change.

Reshaping our national response requires urgent support for innovation and new technological developments that are affordable and accessible to those with opportunistic infections, in particular tuberculosis. In the Bahamas, there is a growing challenge to sustain financing for an increasing number of infected individuals who need second- and third-line antiretroviral drugs, as well as those with multi-drug-resistant tuberculosis.

New technologies are also needed for diagnostics, microbicides, vaccines and other modalities, including telemedicine, to effectively expand coverage and to deliver preventive and curative services to communities throughout our archipelago. Prevention messages and public-awareness campaigns require greater use of social media and local social events.

The Bahamas' successes could not have been achieved without the support of our partners, the Pan American Health Organization, the World Health Organization, the Joint United Nations Programme on HIV/AIDS and other international partners, including the University of Toronto SickKids Hospital, the Clinton Foundation and the President's Emergency Plan for AIDS Relief, as well as our regional institutions, including the Pan-Caribbean Partnership against HIV/AIDS. I wish to thank them all for their support.

The HIV/AIDS epidemic is now 30 years old, and we need renewed leadership, including greater involvement on the part of young people. With that in mind, the Bahamas delegation includes our representative to the Caribbean Youth Assembly. We also need expanded comprehensive services, greater attention to the many social determinants and strengthening of the health-care system overall.

To achieve the goals of zero infections, zero discrimination and zero AIDS-related deaths by 2015, we in the Bahamas are on a journey. We recognize how challenging it will be to get there, but we are determined to do so. We will continue to forge ahead, in the words of our motto, forward, upward, onward, together.

The President (*spoke in French*): I now give the floor to the Permanent Representative of the Gambia.

Ms. Waffa-Ogoo (Gambia): On behalf of His Excellency Al Hadji Yahya A.J.J. Jammeh, the Government and the people of the Gambia, I am pleased to make this statement on this historic occasion.

My delegation would like to thank the Secretary-General for his many reports on HIV/AIDS prepared for this High-level Meeting and for the many relevant recommendations that we believe will help us all map the way forward in our drive to contain this resilient pandemic.

The reports clearly highlight the centrality of international solidarity in the global response to winning the battle against the scourge. In this regard, the African common position on HIV/AIDS is also pertinent. This forum should therefore serve to strengthen and further galvanize more national and international action and also see the recalibration of all the strategies and best practices that have borne fruit over the past decades.

Allow me to recognize the sterling role being played by the United Nations system as a whole, and more particularly by the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The 2011 High-level Meeting on HIV/AIDS marks yet another unequalled global opportunity for countries and partners to critically review, reinforce and improve the performance over the past three decades of the epidemic. This gathering is well-timed and crucial for world leaders to revisit and re-energize their commitment to responding to HIV/AIDS.

In the Gambia, there is a strong political will and commitment to the HIV/AIDS response, which is amply demonstrated by the creation of the National AIDS Council chaired by the President of the Gambia, and the establishment of the National AIDS Secretariat to coordinate and monitor the overall national response guided by the Three Ones principle.

The Government of the Gambia is vigorously championing partnerships across the entire social spectrum in the fight against HIV/AIDS and related problems. The agenda for our deliberations is among the uppermost priority concerns of the Government. HIV/AIDS is by far the single biggest threat to our development and a major concern for our collective security. These facts were strongly endorsed by the special session on HIV/AIDS in June 2001 and reaffirmed by the special session on children in 2002 here in New York.

The prevalence rates in the Gambia are relatively low. However, our latest sentinel surveillance results in 2008 showed an increase in HIV 1 prevalence from 1.4 per cent to 1.6 per cent. In addition, over 2,500 people with advanced HIV infection are currently receiving antiretroviral therapy, about 3,000 orphans and vulnerable children are receiving free basic external support, and over 5,000 people living with HIV are provided with care and support services in the country. These country statistics are an indication that we need to do more through collective effort and action in pursuit of the objectives of our universal access declaration on HIV/AIDS.

Resource mobilization is a key strategy in our National HIV/AIDS Strategic Framework 2009-2014, but it is also a major challenge. In addition, gender inequalities, sociocultural factors, poverty, stigma and discrimination concerns are major deterrents to an effective response to the HIV/AIDS epidemic in my country. Poor maintenance of human rights, particularly those of people living with HIV, contributes to denial, fear, stigma and discrimination and is inimical to the engendering of effective responses to HIV/AIDS.

To address these vulnerabilities, we are integrating an HIV/AIDS response into our development strategies. Moreover, the promulgation of a model law to address issues relating to stigma and discrimination is at an advanced stage. Investments in our health systems and capacity-building for our personnel will remain drivers for eradicating the scourge as we march towards achieving the Millennium Development Goals by 2015.

Over the past few years, our response has led to wider participation of non-governmental organizations, civil society and faith- and community-based organizations in the national response to HIV/AIDS. Although this multisectoral approach is commendable and very helpful in scaling up access to services, more efforts are needed to continually improve and sustain the gains realized since the commencement of the epidemic.

The Gambian Government has devoted particular attention to the implementation of the prevention of mother-to-child transmission services in the country through a drive to attain zero infection rates for babies born to HIV-positive women and the acceleration and full integration of prevention of mother-to-child transmission services in reproductive and child health programmes. This commitment and support led to the expansion of the number of prevention of mother-to-child transmission centres from five in 2004 to 31 in 2011.

Before concluding my statement, I wish to state that, with the renewed political commitment, the environment towards the prevention of HIV in our society has improved tremendously. We must continue to improve this environment so as to facilitate our collective action and support. We must encourage and facilitate the translation of knowledge into positive behavioural change. We also need tolerance, compassion and care and support for people living with or affected by HIV/AIDS. We must intensify our cooperation with all stakeholders so that the coming decade may be looked back upon as the decade that we all collectively broke the back of HIV/AIDS.

The President (*spoke in French*): I now give the floor to the representative of Pakistan.

Mr. Butt (Pakistan): As we all know, despite many gains in the fight against HIV/AIDS, more than 10 million people still await HIV treatment. For every single person starting treatment, two new people become infected. The world therefore continues to face the enormous and multiplying consequences of this epidemic.

The Secretary-General, in his report (A/65/797), has rightly noted the encouraging trend of decline in the global rate of new HIV infections, expansion in access to treatment and significant strides made in reducing HIV transmissions from mother to child. At the same time, however, his report highlights the continued but fragile progress made in expanding access to treatment. Pakistan therefore echoes the calls made by the Secretary-General to all stakeholders to renew and strengthen their commitment to achieving universal access, which should form part of the bridge towards achieving the Millennium Development Goals.

Perseverance in our efforts remains the key to the efficient implementation of national, regional and global plans, together with the allocation of sufficient resources and the involvement of all stakeholders, to overcome the menace of HIV/AIDS. Pakistan is proud to be part of this High-level Meeting, which is a testament to the commitment of world leaders to the global fight against the HIV/AIDS epidemic.

Until recently a low-prevalence, high-risk country, Pakistan is now in a concentrated phase of the epidemic, with HIV prevalence of more than 5 per cent among injecting drug users. According to the latest national estimates, there are over 97,000 cases of HIV/AIDS in Pakistan. Again, however, the latest prevalence estimation models indicate that HIV prevalence among the general adult population fortunately remains below 0.1 per cent. This provides us with a vital window of opportunity to influence the future course of the epidemic in our country.

The response to the HIV epidemic in Pakistan has been a coordinated effort between the Government and bilateral and multilateral donors, the United Nations system and civil society. It is being dealt with under the rubric of the National HIV and AIDS Strategic Framework for 2007-2012, which articulates a vision and a response that is consistent with the national policy on HIV/AIDS. It is elaborated through guiding principles, goals, strategic objectives and priority areas commensurate with the emerging HIV/AIDS epidemic and international guidelines.

The three major components of Pakistan's enhanced programme are HIV prevention and treatment, advocacy and communication, and governance and institutional framework. Civil society in Pakistan is actively sharing the implementation burden of the public sector and has established networks, such as national and provincial AIDS consortiums, to that end.

The problem of HIV/AIDS cannot be dealt with as a health issue alone. Indeed, it is also a development issue, since poverty is contributing directly to the spread of HIV/AIDS. Therefore, at its 2001 special session on HIV/AIDS, the General Assembly rightly described the HIV/AIDS situation as a global emergency and dubbed it one of the most formidable challenges to the international community and to achieving global development goals.

Combating HIV/AIDS and eradicating poverty must therefore go hand in hand. This cannot be achieved without the active and determined cooperation of the international community, with the special participation of developed countries. Low-cost drugs, lower profits, new scientific research and the sharing of knowledge and necessary facilities are needed to achieve common and sustainable solutions. There is also great urgency to respond to the needs of developing countries by enhancing debt relief, market access and official development assistance.

To conclude, I must say that, given the human, social and economic costs of HIV, business as usual is unacceptable. We therefore reiterate the just call made by the Secretary-General upon international donors not to reduce HIV spending as a result of the global economic downturn, but instead to commit to further enhancing funding so as to meet the agreed commitments to universalizing access to HIV prevention, treatment, care and support. We also hope that the comprehensive draft declaration to be adopted later this afternoon at this Meeting will serve to enhance the global response to the epidemic and meet the desired targets of zero new infections, zero discrimination and zero AIDS-related deaths.

The President (*spoke in French*): I now give the floor to the representative of Bulgaria.

Mr. Raytchev (Bulgaria): First of all, allow me, on behalf of the Bulgarian Government, to thank the Secretary-General, the Executive Director of the Joint United Nations Programme on HIV/AIDS and you personally, Mr. President, for your leadership and support in organizing this High-level Meeting on HIV/AIDS. It truly marks an important threshold in mobilizing the efforts of the international community in the global HIV response.

I wish also to take this opportunity to express our appreciation to the co-facilitators and to all Member States that participated actively in the negotiations on the draft political declaration, which will establish the framework for our future action.

It is an honour for me to participate in this high-level forum and to share the successes and challenges of the AIDS response in Bulgaria. My country has maintained a low HIV prevalence rate among the general population. At the same time, we have every reason to stay vigilant, given our common borders with the regions of Eastern Europe and Central Asia, which are known as having the fastest-growing number of new infections.

Aware of the demographic, economic, social and ethical dimensions of the AIDS epidemic, the Government of the Republic of Bulgaria remains strongly committed to implementing an effective national AIDS response and to contributing to the achievement of global goals. As early as 1996, a national committee for AIDS prevention was established to coordinate activities in that area. Since 2001, successive Bulgarian Governments have allocated significant financial resources each year for the implementation of the national programme for the prevention and control of HIV and sexually transmitted infections.

For more than 14 years, my country has provided up-to-date and free-of-charge antiretroviral treatment to all who need it and antiretroviral prophylaxis to prevent mother-to-child transmission. Since the beginning of 2004, with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Bulgaria has been successful in significantly scaling up access to and coverage of HIV prevention services among most-at-risk and vulnerable populations, as well as care and support for people living with HIV.

Bulgaria is implementing an integrated and balanced approach that incorporates prevention, treatment, care and support for people affected by the disease. The joint efforts of the Government and other partners in the country have resulted in a number of achievements. First, human and institutional capacity for HIV prevention, treatment and care has been strengthened. Secondly, national standards and best practices have been established for the provision of specific services to most-at-risk and vulnerable populations, mainly by civil society partners. Thirdly, mobile medical units, low-threshold centres for injecting drug users and community health and social centres have been created to facilitate access. Fourthly, people living with HIV also receive quality medical care, treatment for opportunistic infections and psychosocial support and actively participate in the planning and provision of those services.

Bulgaria recognizes the progress made towards fulfilling national and international commitments to addressing the epidemic and welcomes the draft political declaration renewing those commitments to 2015.

In conclusion, let me assure the Assembly once again of the continued readiness of the Bulgarian Government to achieve its national goals and commitments in the context of the Millennium Development Goals, the special session on HIV/AIDS, the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and universal access to HIV prevention, treatment, care and support to 2015.

The President (*spoke in French*): I now give the floor to the representative of Guyana.

Mr. Talbot (Guyana): I have the honour to speak on behalf of the delegation of Guyana in this High-level Meeting aimed at undertaking a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262). Those two important outcomes have guided international efforts to halt and reverse the spread of this epidemic. The report of the Secretary-General (A/65/797) attests to the significant progress made thus far in the fight against HIV and AIDS; it also points importantly to the enormous challenges still remaining. Today, with the adoption of the current draft political declaration, the international community will seek to intensify our collective efforts to eliminate HIV and AIDS.

Like many other countries, Guyana is realizing progress in the combat against HIV and AIDS, which was first diagnosed in our country in 1987. Initially, a core health approach was adopted to stem the devastating effects of this disease. This has, however, evolved over the years into a multisectoral response, given the multifaceted nature of this epidemic.

Resource allocation to the health sector and the combat of HIV and AIDS has been scaled up, and has borne tangible results. As a consequence, infection rates and deaths are declining, even as access to treatment, care and support has increased. At the end of 2009, for instance, Guyana reported an adult prevalence rate of 1.2 per cent, which is comparatively lower than in previous years. In addition, we witnessed substantial decreases in mother-to-child transmission of the disease, which moved from 3.1 per cent in 2003 to 1.1 per cent in 2009. Similarly, among vulnerable groups in society, such as female sex workers, the prevalence rate decreased from 45 per cent in 1997 to 16.6 per cent in 2009, and among men having sex with men from 21.1 per cent in 2004 to 19.4 per cent in 2009. Moreover, HIV testing acceptance now stands at 89.8 per cent.

Guyana's antiretroviral programme was initiated in 2002, and at the end of 2009 was providing treatment to 83.5 per cent of adults and children with advanced HIV infection at 16 sites across the 10 administrative regions of our country. Currently, 98.5 per cent of HIV-positive women are receiving a complete course of antiretrovirals for the prevention of mother-to-child transmission. The Government of Guyana is committed to enhancing programmes for prevention, treatment, care and support for people with HIV and supports the three zeros approach — zero new infections, zero discrimination and zero AIDS-related deaths.

The advances we have made so far can be attributed to several factors, including political commitment at the highest level, as exemplified by a presidential commission against HIV/AIDS, a multisectoral approach to this epidemic and the fostering of vital partnerships at the national, regional and international levels. We are particularly appreciative of the assistance received from donors, such as the United States through the President's Emergency Plan for AIDS Relief.

However, challenges remain in ensuring the sustainability of the fight against HIV and AIDS in Guyana. Recently, stakeholders prioritized the removal of stigma and discrimination and the up-scaling of prevention services to vulnerable groups as priority areas. The success of our endeavours is inextricably linked to secure financial and human resources. The accomplishments of recent years demonstrate the utility and efficacy of concerted international action and solidarity. Let us resolve to increase the momentum.

The President (*spoke in French*): I now give the floor to the representative of the Republic of Korea.

Mr. Park In-Kook (Republic of Korea): Since the historic beginnings of the global response to HIV/AIDS in 2001, there have been substantial achievements, including visible reductions in HIV incidence and mortality, along with increases in treatment access, the overall promotion of human rights and the dignity of people with HIV, and a scaled-up international commitment to providing HIV-related funds.

Nevertheless, this progress is not enough. We are still faced with the sobering reality that more than 7,000 people, including 1,000 children, are being infected with the virus every day. The legal environment and social attitude surrounding people with HIV continue to be unfavourable.

These challenges should be considered in the context of not only their effect on public health but also their undermining effect on development and human rights efforts. In this light, my delegation fully supports the Secretary-General's innovative vision of zero new infections, zero discrimination and zero AIDS-related deaths, presented to us with the six specific goals for 2015 in his recent report (A/65/797). The new vision and goals will bolster the synergy between HIV and other health and development priorities, and subsequently contribute to our overall success in achieving the Millennium Development Goals and other internationally agreed development goals.

I would like to share some ideas of how each stakeholder can have a measurable impact. First, we need to develop results-oriented programmes with holistic approaches. The goals for 2015 are simple and clear, but in order to achieve them within five years, entire societies need to participate proactively and foster HIV-free environments without any stigma or discrimination.

Secondly, it is essential to raise public awareness of HIV/AIDS based on accurate information, which influences the eradication of social prejudice and bolsters the improvement of access to voluntary HIV testing and treatment. Targeting young people with new communication methodologies, such as social networking services, can be a good approach to prevent new HIV infections.

Thirdly, the continuous provision of proper treatment and universal medical service is crucial to maintaining the health of people with HIV and to reducing the chances of transmission. In addition, statistics show that more than 6 million people have received antiretroviral therapy, but the treatment compliance rate turns out to be low. Therefore, the provision of regular guidance in treatment through a robust and sustained health system should be recognized as an essential element in ensuring the effective care of HIV-positive persons. These efforts will ultimately lead to the overall decrease of HIV incidence and mortality.

Although it is one of the countries with a low HIV prevalence, the Republic of Korea cannot be exempted from sharing the responsibility of the global HIV response. In striving to prevent HIV/AIDS, the Korean Government has established a comprehensive health care mechanism, including antiretroviral treatments for pregnant women with HIV.

In the legal and social contexts, it is noteworthy that the prohibition of any discrimination against people with HIV in the workplace was stipulated in 2008. Furthermore, through the revision of regulations in 2010, mandatory HIV testing for the purpose of HIV-specific travel restriction no longer exists. Meanwhile, the tenth International Congress on AIDS in Asia and the Pacific, to be held in Korea in August, is expected to contribute to raising the public awareness of HIV/AIDS.

My Government takes this opportunity to reaffirm our unswerving commitment to continuously participating in the international effort to eliminate AIDS and to spare no effort in making the vision and goals for 2015 a reality.

The meeting rose at 1.20 p.m.